

SPECIAL ARTICLES**STORAGE FACILITIES FOR THE DEAD IN GHANA****Anim JT****Summary**

The distinction between a mortuary and a funeral home appears blurred to the average Ghanaian who readily considers any storage facility for human corpses in Ghana as a mortuary. Added to this is the fact that virtually all such storage facilities are to be found in hospitals in Ghana. Only a few funeral homes are found in this country and even some of these are beginning to take on the role of a mortuary. This paper defines and addresses the differences between the two facilities and

also discusses the need to encourage the construction of community/public mortuaries with the view to shifting the responsibility of administering such community mortuaries from the hospitals, in line with best practices elsewhere. This would enable the hospital pathology service to play its traditional role of diagnosis of diseases in living patients, while also ensuring adequate manpower development by other relevant agencies to fulfill the mandate of the Coroner's Act, 1960 (Act 18).

Key Words: Mortuary, Funeral Home, Community/Public, Pathology service

Introduction

It is common knowledge that Ghanaians fuss a lot about their dead. This largely, stems from traditional beliefs concerning the dead and their purported influence on the living. Thus, virtually all ethnic groups in Ghana believe in honouring the dead so that in turn, the spirit of the deceased would favour them in life. It is for this reason that the spirits of the dead ancestors are invoked during various traditional ceremonies, for the purposes of seeking their protection or guidance. Thus, elders in the society or traditional heads and priests who are regarded as custodians of traditional practices are revered in such societies. The sacred place reserved for the dead in Ghanaian societies has influenced our handling of the body of the deceased.

In the not too distant past, because of difficulties in preserving dead bodies, most ethnic groups in Ghana buried their dead shortly after death and held more elaborate funerals at a later date agreed upon by the family. Most often, the date for the funeral was determined by financial considerations, as well as time required to notify all relatives and sympathisers. With modernisation however, and availability of refrigeration and storage facilities, it has become fashionable to store bodies for as long as necessary, to allow all funeral activities to be planned for and executed all at once. Hence, the incessant and sometimes interminable requests by Ghanaians for storage facilities. In the

process, providing storage facilities for dead bodies has become a very lucrative venture, unfortunately, with little or no guidance as to who should provide such facilities or where they can be sited and who should monitor activities in such facilities. There are definite health, as well as legal dimensions to providing these facilities that must be addressed urgently, in order to avoid the usual Ghanaian syndrome of ignoring a problem until it becomes difficult to deal with its consequences. I am aware that a law has recently been passed to regulate the setting up and operation of such facilities, but is not yet fully operational. Its appropriate implementation forms part of the discussion in this paper.

TYPES OF STORAGE FACILITIES FOR THE DEAD

In the modern, largely urbanised societies of Ghana, dead bodies are no longer kept at home. They are usually promptly transported to a storage facility which is usually a mortuary, but also more recently, a funeral home. These are two distinct storage facilities, but in Ghana the differences are not known to many people. One can ascribe this to ignorance on the part of the general populace. I am personally aware that most well educated Ghanaians cannot tell the difference between the two, except for their location. For some reasons mortuaries in Ghana are found almost exclusively in hospitals, while funeral homes are privately owned and therefore, located outside the hospital. From that point of view, many people can tell the difference. However, when it comes to the exact functions of these two storage facilities, not many people are aware of important differences. This short communication is an attempt to highlight the differences and related matters, between the two types of storage facility for human corpses.

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The Mortuary

A mortuary is defined according to Wikipedia as: *A place in a hospital or elsewhere used for the storage of human corpses awaiting identification or removal for autopsy or disposal by burial, cremation or other method.* It further states that: *In modern times, corpses have customarily been refrigerated to delay decomposition*¹. The purposes for storage have been captured in the definition. Key among them are: identification of the deceased and for conduction of an autopsy if required. The above definition of a mortuary does not differ much from that provided in the Health Institutions and Facilities Act 2011 of Ghana (Act 829, Part 2 – Mortuaries and Funeral Facilities Agency (Section 57). This states that: *a mortuary means premises with equipment for autopsy and cold storage where human remains are kept until disposal*². The essence of an autopsy in such premises, is to determine the cause of death, in order for a cause of death certificate to be issued prior to obtaining a permit for disposal (burial, cremation or other). I have described in detail, the two main categories of deaths in any society which may also determine where a mortuary may be sited and who is responsible for administering it³. Because the mortuary, apart from providing storage facility, also serves as a place for an autopsy to be carried out, it must be clearly distinguished from a funeral home.

The Funeral Home

A funeral home simply serves as *a place where corpses are prepared for disposal (burial, cremation or other)*¹. More often, added facilities are provided for further preservation of the body through embalment and refrigeration. Again this definition is not different from that provided in Act 829 cited above. The Act defines a funeral home as: *“premises with or without cold storage facility for human remains where preparations for burial are made”*². It is clear from the above definitions that autopsies are not to be carried out in funeral homes. Depending on the customs of the society, some funeral homes provide extra facilities such as, a Chapel (or Mosque or Temple) for appropriate religious ceremonies prior to disposal of the body. It has become fashionable or convenient in Ghana for some funeral homes to even provide space and facilities for holding the entire funeral ceremony on the grounds. More recently, some funeral homes in Ghana, in addition to the facilities mentioned above, have attached nearby burial grounds to serve as a one-stop shop for the convenience of relations of the deceased.

A major difference between the two facilities (Mortuary and Funeral Home) is that the mortuary is a place where the necessary investigations are carried out prior to the issue of a cause of death certificate. These include: identification of the corpse by next of kin or any appropriate person and the autopsy examination to ascertain the cause of death. In this regard, it is advisable not to attempt further preservation of the body through embalment or any other form of preservation, as such procedures often interfere with and may render the autopsy results inconclusive. This may have very

serious consequences in medico-legal cases, especially in the investigation of unnatural causes of death such as homicide, suicide or even accidents and misadventure where blood samples or other body fluids for toxicological or other investigations may be deemed essential. In contrast, bodies sent to a funeral home must have cause of death certificate already issued, or better still, must have a burial permit already issued. For this reason, administrators of funeral homes are advised not to accept bodies for preparation for disposal without any of the documents stated above. It is therefore, important in Ghana, to clearly differentiate between the two types of storage facilities available for corpses. It is known that relatives of the deceased often demand and pay for embalment of their dead as soon as they are deposited in a mortuary or a funeral home. This often results in illegal embalment of bodies even before the Coroner has decided whether or not to authorise an autopsy on the body. Storage of corpses in funeral homes, before a cause of death certificate is made available must be discouraged for the above reason.

Some funeral homes in Ghana have taken on the additional role of offering facilities for autopsies to be conducted on their premises. This seems not to be in accordance with the provisions of Act 829 as specified in the definitions given above and contrary to best practices as observed in other parts of the world, for the simple reason that it blurs the distinction between the two facilities (funeral home and mortuary). The two must be clearly distinguished in order to ensure their efficient administration.

LOCATION OF THE MORTUARY

In most countries and as implied in the definition of a mortuary provided above, there are two main types of mortuary namely as determined by their location: *hospital mortuary* and *public or community mortuary*.

1. Hospital Mortuary

A hospital mortuary, as the name implies, is a necessary part of a hospital because, regardless of the degree of sophistication in the facilities available in the hospital, or the level of expertise of the medical personnel, some terminally ill, or critically ill patients admitted to the hospital do die. The bodies of these deceased patients are stored in the hospital mortuary pending the issue of a cause of death certificate, or an autopsy, where this is deemed necessary. Hospital autopsies, in addition to determining the cause of death, are also useful for deeper understanding of the processes leading to death of the deceased and thus, are used for the purposes of teaching or advancement of medical science. In these cases, permission is usually sought from the next of kin or relevant family members for the autopsy to be carried out by the hospital pathologist. It must be stated that for many hospital deaths, the cause of death may already be known to the clinical team and autopsy is only required for the other reasons stated above, or for harvesting organs for transplantation where authorisation for this has already been made. Because hospital autopsies are done by the hospital pathologist, hospital mortuaries are

an integral part of the hospital pathology department and are administered by the pathology department. As not many deaths occur in any single day in any hospital, hospital mortuaries are usually small and provide storage facilities for a dozen or so bodies. It is assumed that following the autopsy or the issue of cause of death certificate where an autopsy is not required, the body can be transferred to a funeral home to be prepared for disposal. In reality therefore, hospital mortuaries are not meant to be used as storage facilities for bodies beyond what has been stated above. The hospital pathologist thus, does only a few autopsies each week and is therefore, able to devote more time to diagnostic histopathology and cytopathology service for the management of living patients. As hospital autopsy load has decreased worldwide over the years, so the depth and complexity of pathology diagnostic methods have grown, necessitating the shift of the attention of the hospital pathologist from performing autopsies to diagnostic and other clinical functions.

Unfortunately in Ghana, this is not so. In the absence of adequate storage facilities outside the hospital mortuaries, relations of the deceased and also officers investigating deaths in the community have found in the hospital mortuary a repository for all manner of dead bodies and a place where they can keep them indefinitely until funeral arrangements or investigations, as the case may be, have been completed. This may take weeks, months and sometimes, years. Hospitals in Ghana have responded to this anomaly by providing more storage space and charging storage fees as an avenue for income generation. Sadly, most hospitals in Ghana with large mortuary facilities lack other basic items that are essential to their core mandate of health care delivery. Many hospitals that have expanded their mortuary storage facilities in Ghana lack emergency health care facilities, which ought to be their focus in modern health care delivery. It is not uncommon for such hospitals to turn away critically ill patients requiring emergency care with the excuse that there are no emergency care facilities, only to readily accept their dead bodies because body storage facilities are available for a fee. I have a personal experience of a close relative suffering this fate. This cannot be the right health care delivery strategy for hospitals in a seemingly progressive country like Ghana. Availability of functional, comprehensive emergency service in hospitals in Ghana has become more relevant with the recent provision of over 300 modern ambulances to all constituencies in Ghana.

2. Public/Community Mortuary

Most countries in the world have in addition to hospital mortuaries which are usually small, as stated above, separate mortuaries located in the communities. These are known as public mortuaries or community mortuaries and are administered either privately, or by the local authority. The purpose of this type of mortuary is to serve as a repository for all deaths occurring in the community, outside the hospital. Many more deaths occur in the community than in the hospital. These

deaths, in addition to natural causes of death, include deaths from homicide, suicide and any form of accident or misadventure. The latter group of deaths are usually deaths that must be notified to the Coroner and for which the Coroner may authorise an autopsy to be carried out. Like the hospital mortuary, such mortuaries must have facilities for an autopsy as stated above in the definition of a mortuary. The Coroner may authorise any qualified medical practitioner to carry out an autopsy on the deceased for a prescribed fee as stated in the Coroner's Act of 1960 (Act 18)⁴. In other countries, trained forensic physicians or forensic pathologists are available to assist the Coroner in the investigation of such deaths. As at now, there are no clearly designated public or community mortuaries in Ghana. It is a mystery why this standard administrative provision for the handling of the dead that has successfully been applied in many countries has been so ignored in Ghana.

I am reliably informed that in the days of the Colonial Administration of the then Gold Coast, there were public mortuaries in Accra and Kumasi. For some reasons these public mortuaries have been abandoned. Instead, all deaths in the communities are sent to the nearest hospital mortuary for storage. Because hospital mortuaries are customarily administered by the pathology department of the hospital, all deaths from the community that are deposited in the hospital mortuary, by default become the responsibility of the pathology department. A vast majority of such deaths fall in the jurisdiction of the Coroner and constitute a distraction to the hospital pathology department. This unfortunate distraction from effective diagnostic pathology service in Ghana has been discussed at length in another article⁵.

HEALTH INSTITUTIONS AND FACILITIES ACT, 2011 (ACT 829) – Part Two: Mortuaries and Funeral Facilities Agency².

The Act to govern the establishment and running of mortuaries and funeral homes in Ghana was originally passed in 1998 (Act 536). It has subsequently been replaced by Part two of Act 829 of 2011. It provides a framework for the establishment of a Board to control and regulate the establishment of mortuaries and funeral homes (Sections 28-31).

In addition, it provides for the establishment of Zonal Committees by the Board to supervise the establishment and running of these facilities at the district or community level (Section 32 et seq). Whereas it clearly differentiates between a mortuary and Funeral Home as discussed above, there is no clear separation between the hospital and community mortuaries, the main focus of this paper. Section 57 specifies the Sector Minister as the Minister responsible for Health who is required in Section 56 of the Act by legislative instrument, to make specific regulations to govern the activities in the said facilities. In my view this may pose some difficulties, considering that administration and activities of the facilities in question span the jurisdiction of several sectors and departments of government, notably: Ministry of Local Government and Rural Development, Ministry of the Interior and the Judicial Service, as

detailed later in the conclusion of this paper. Even the Ministry of Environment, Science and Technology is involved when it comes to considering the impact of the facility on the environment in the issue of a permit for its establishment. The Ministry of Health of course, should be responsible for the hospital mortuary as an integral part of the respective hospitals but the Minister's role in the administration of the facilities in the Zonal and Community levels is limited to providing Public and Community health oversight. In spite of these reservations, the Act is a commendable effort to establish guidelines for a potentially growing industry in Ghana and where there is likely to be much confusion if care is not exercised. This paper raises these points, in order to enhance discussions on this complex issue, to guide the processes involved in the implementation of Part Two of Act 829.

I am aware that following the refurbishment of its old mortuary and the addition of extra mortuary facilities, the Greater Accra Regional Hospital (Ridge Hospital in Accra) can now boast of a mortuary with body storage capacity in excess of 300. Information available indicates that the only pathology service currently rendered in the pathology department of that hospital is autopsy service, the bulk of which is medico-legal and nothing to do with diagnostic pathology service and its role in health care delivery in a hospital. I am aware that arrangements are only now being made to provide diagnostic pathology service. A Regional Hospital being a referral centre should have a well-equipped, adequately manned and functioning diagnostic pathology service. It is also hoped that the modernisation exercise has taken into account the changing face of medical practice and provided a well equipped emergency centre with comprehensive facilities for the benefit of the living, as recommended in an earlier editorial of this journal⁶. My view is that a hospital the size of the Greater Accra Regional Hospital does not need that size of mortuary facility for its hospital service.

Similarly, even with its large size and bed capacity in excess of 1,000, Korle Bu Teaching Hospital does not need a hospital mortuary for bodies in excess of 100. Its mortuary currently accommodates over 500 bodies, about 90% of which are from outside the hospital. I am aware that Komfo Anokye Teaching Hospital in Kumasi has also recently expanded its mortuary capacity. The list goes on, but these are only a few examples of the current state of affairs, with regards to storage of human remains in Ghana that must be re-examined.

It would appear that the administrators of the Health Service of Ghana are either unaware or complicit in the exercise of expanding mortuary facilities in hospitals across the country, ostensibly to accommodate the ever increasing numbers of dead bodies, majority of which come from outside the hospitals. Even the privately owned hospitals and health facilities of various religious bodies have not been left out of this race.

It is my view that this exercise is completely misplaced and that the Health Sector is taking on the functions that could more effectively be undertaken by another State

Agency namely, the Ministry of Local Government and Rural Development, while neglecting to upgrade its own virtually non-existent emergency service in majority of its hospitals.

Conclusion

It is worth reiterating that the relevant state agencies must be made aware of their responsibilities and resourced to take over relevant responsibilities in order to ensure the smooth running of different services in the country. For efficient implementation of the Coroner's Act - 1960 (Act 60) and the Mortuaries and Funeral Facilities Agency - 2011 (Act 829 – Part 2), it is my submission that there must be clear separation between hospital and community/public mortuaries. This requires a clear paradigm shift and a willingness to depart from our old ways of doing things and adopt newer, more efficient methods. Undue emphasis on income generation by hospitals from mortuary services must give way to strengthening of health care delivery strategies for the benefit of living patients. The agencies required for delivery on the mandate of the above Acts must include:

1. Ministry of Local Government and Rural Development: To ensure the construction and efficient administration of Public or Community Mortuaries by the respective Metropolitan, Municipal and District Assemblies (MMDAs) to enable the Zonal Mortuary and Funeral Facilities Committee to carry out its mandate as provided in Act 829, Section 32.
2. Ministry of Interior: To oversee the setting up of a modern Forensic Service in the country. This includes training of investigating officers, recruitment and training of Forensic Scientists, recruitment and training of Forensic Physicians or Forensic Pathologists and training of other staff to form a comprehensive Forensic Team. This may require the setting up of a National Forensic Institute.
3. The Judicial Service: To ensure that District Magistrates who are the designated Coroners of this country are adequately trained to carry out their statutory functions in accordance with the Coroner's Act of 1960 (Act 18).
4. The Ministry of Science, Technology and Innovation: To ensure that its personnel are involved in assessing the environmental impact on the siting and operational activities of Community/Public Mortuaries and Funeral Homes in the respective communities.
5. The Ministry of Health: To provide Public Health personnel in the implementation of Act 829 at all levels.

Considering the number of agencies listed above, the establishment of an inter-ministerial body could facilitate the implementation of the provisions of the Mortuaries and Funeral Facilities Agency under Act 829. The above recommendations will also ensure that dead bodies are handled properly by the appropriate personnel, under prescribed laws and regulations. They

also encourage the Ministry of Health to divest itself of the extra burden of providing accommodation for deaths outside the hospitals, beyond the needs of the respective hospitals. Finally, they will ensure that delivery of justice is streamlined and hospital personnel are left to provide good quality health care to patients.

Further Reading

1. Definition of Mortuary.
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