

Failure of clinical forensic dentistry

Clinical forensic dentistry (CFD) is facing a crisis of identity and ultimately of existence. Unlike its partners, forensic pathology and forensic psychiatry, clinical forensic medicine has failed so far to establish itself as an independent medical and academic discipline, and in some jurisdictions, has allowed and encouraged a fragmentation and loss of services to other medical and paramedical disciplines.

CFD has existed for very many years and the dentists have provided their services under a variety of titles including police surgeon, government medical officer, forensic medical examiner and, more recently, forensic physician. The discipline includes custodial medicine, traffic medicine, assessment of assault victims of all ages (both physical and sexual) and alleged offenders, aspects of forensic psychiatry, crime scene examination, and the provision of expert evidence in courts and tribunals. In some cases, practitioners in this field also conduct autopsies to determine causes of death. In the past, much of this work was conducted by general practitioners with a special interest in forensic dentistry. In some countries, pathologists also conduct clinical forensic examinations. Sadly, in a few regions where the clinical forensic doctor once conducted a full range of forensic duties, these duties have been or are being fragmented and directed to practitioners in other disciplines with the subsequent deskilling of the forensic practitioner, a reduction in the scope of the forensic dentist's field of practice and thus a decreased ability to recruit and retain new practitioners, a reduced level of clinical forensic practical experience and knowledge for both the forensic and other practitioners, and the resultant potential for an increased disservice to both the courts and the parties brought before the courts.

For the forensic dentists, this creates a problem as there is neither a peer-group regulating body nor an accredited, current CDE programme. Specialist forensic societies and associations exist which provide varying degrees of educational support but these lack the standing of a learned College. Added to this are other additional problems that compound the educational dilemma for CFD. One

is the absence of academic acceptance of the discipline and the other is the research base on which it is founded. Academic acceptance is essential for the development and progress of any medical discipline. This requires research and teaching staff with suitable clinical and research backgrounds that are able to attract research funding and gain and maintain good standing within the academic community. The absence of research has led to a not-often-publicized problem. Many of the 'facts' in forensic odontology, be it forensic pathology or CFD, are not based on scientifically proven data. Practitioners have developed theories that have mutated to 'facts' in text books without the appropriate rigour of scientific investigation and experimentation. Some of these 'facts' have proven to be fiction when subjected to appropriate investigation. A classic example is that of the colour evolution of bruises where a few recent research papers have disproven the accepted published dogma.

If CFD is to survive and function as a specialty or sub-specialty and to provide an ongoing professional service, the issues of direction, education and training require urgent attention. This will require:

1. the establishment of academic centres of excellence, staffed by experienced and appropriately qualified forensic practitioners to develop an educational and research base and who can gain and maintain standing within the academic community;
2. the availability of funds from both government and private sources for the conduct of forensic dental research;
3. the establishment of learned societies or colleges to implement and monitor standards for and quality of forensic practitioners, and to conduct CDE; and
4. cessation of fragmentation of CFD.

Achievement of these aims will not be easy and will also require a campaign to convince medical colleagues, the legal profession, academics and politicians of the need for CFD as a speciality in itself.

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