

Letter to Editor

Appolinaire MANIRAFASHA, MD ^{1*}, Giles N CATTERMOLLE, BM Bch, FRCEM, DTM&H ², Amelia Y POUSSON, MD, MPH ³

***Correspondence to Author:** Appolinaire Manirafasha, MD
Resident in Emergency medicine and critical care
University of Rwanda, Kigali
mail: maniappo@gmail.com
Phone: +250788823212

² HRH Faculty in Emergency Medicine/University Teaching Hospital of Kigali, Rwanda
Consultant in Emergency Medicine/Kings College Hospital NHS Foundation Trust, London/UK
Email: giles@cattermole.org.uk

³ HRH Faculty in Emergency Medicine/University Teaching Hospital of Kigali, Rwanda
Visiting Faculty, University of Rwanda, Department of Emergency Medicine
Email: apousson@gmail.com

Dear Editors,

We were interested to read the recent article: "Trends and patterns of suspected infanticide cases autopsied at the Kacyiru Hospital, Rwanda" [1].

Firstly, the issue of suspected infanticide requires sensitivity and compassion. The absence of any mention of consent raises the question of whether informed consent was obtained for the publication of these graphic images of the bodies of infants. In the era of rapid and easy dissemination of photographs to international audiences, meticulous attention to this ethical issue is warranted.

Secondly, we had concerns regarding the description of the 'hydrostatic test' used to distinguish between the reportedly asphyxiated infant versus the reportedly stillborn infant. This test is at the center of significant controversy in forensic pathology. Knight's Forensic Pathology textbook notes that it is "of limited value" and can "never [be] a definitive test in itself"; while other literature reported rates of false negatives as high as 29% of all cases tested, with false positives due to microscopic decomposition also of concern [2, 3, 4]. The presentation of limitations of its use would have strengthened the paper.

Finally, we want to inform readers of potential solutions from other low-and-middle income settings. While research is scanty about the motivations of parents who commit infanticide, "safe haven laws" and so-called "baby boxes" that allow a distressed parent to safely abandon an unwanted live-born infant, have been successfully trialed in many settings. These include South Africa and Pakistan [5, 6]. We wonder if a similar strategy in Rwanda could reduce the rate of infanticide.

Thank you,

Appolinaire MANIRAFASHA, MD
Giles N CATTERMOLLE, BM Bch, FRCEM, DTM&H
Amelia Y POUSSON, MD, MPH

REFERENCES

[1] Mushumba H, Hakizimana FX, Murangira TB, et al. "Trends and patterns of suspected infanticide cases autopsied at the kacyiru hospital, Rwanda: Case report," Rwanda Med J, vol. 73, no. 1, pp. 21–23, 2016.

[2] K. B. Saukko P, Knight's forensic pathology, 4th ed. Arnold, London. 2015.

[3] M. Schulte, B. Rothschild, M.A. Vennemann, et al. "Examination of (suspected) neonaticides in Germany: a critical report on a comparative study," Int J Leg. Med, vol. 127, p. 621, 2013.

[4] A. M. Große Ostendorf, AL. Rothschild, M.A. Müller, et al. "Is the lung floating test a valuable tool or obsolete? A prospective autopsy study," Int J Leg. Med, vol. 127, p. 447, 2013.

[5] S. Friedman, "Child Murder by Mothers: A Critical Analysis of the Current State of Knowledge and a Research Agenda," Am. J. Psychiatry, vol. 162, pp. 1578–1587, 2005.

[6] S. Hassan, "Ending Infanticide in Pakistan: Letter from Karachi. Foreign Affairs, 29 May 2016. Accessed online at: <https://www.foreignaffairs.com/articles/pakistan/2016-05-29/ending-infanticide-pakistan> on 2 April 2017."