

Title: **Episode 9. Handle with Care**

Speakers: Georgie Vestey, Dead Honest & Anita Hardy, Anatomical Pathology Technologist

Interview Transcription

Georgie Vestey: What we might find unsettling is being around so many people who are dead.

Anita Hardy: Yes.

Georgie Vestey: How do you find it?

Anita Hardy: I don't find it unsettling at all, it's very quiet. The living are really unpredictable and really quite noisy, even just in something like breathing, you can hear them. You don't have anything to worry about from the deceased, they are just still, so it is quite a calm and peaceful environment.

Georgie Vestey: I'm Georgie Vestey and this is Dead Honest, a podcast where we talk honestly about death. Anita, whose voice you just heard, is an Anatomical Pathology Technologist. When I decided to do an episode about people who work in the mortuaries or morgues, I wasn't expecting to meet someone like her. I was imagining someone quite dry, quite detached, but not a bit of it. Anita is passionate about her work and brings as much care and dedication to the dead as any nurse does to the living.

I should warn you up front, our conversation is pretty confronting at times and that's because we discuss her work with babies and young children. It's a tough listen, but I wanted to show you the depth of her compassion.

I'm Georgie Vestey and this is Dead Honest.

Talk me through what it's like when you open those doors; what would I find if I was to walk in there with you? What would I be hit by first do you think?

Anita Hardy: I think probably the cold. When you get into our mortuary, it's open to the elements really in a sense. We've got just a shutter at the back that our funeral

directors use, so it can be quite a cold environment and it's got a sort of tinny smell. It's not an unpleasant smell, it's just kind of metallic.

Georgie Vestey: Is that where the bodies are stored as well?

Anita Hardy: Yeah.

Georgie Vestey: Tell me, when a body arrives at the mortuary, what happens?

Anita Hardy: They come to us and are transferred onto one of our trays. We undress them as part of the procedure; we check their pockets for any property. If somebody's been found on the street, it's possible that they've got keys, a wallet, a mobile phone, they might have jewellery on. There's all sorts that people come in with, even down to dog leads and poo bags, and just random things that you have in your pockets.

We have to examine everything that's there and then we'll do a height and weight measurement of the patient for their post-mortem, if they're likely to have one. They're wrapped in a sheet so that no part of their body's exposed and they're popped into our fridge space.

Georgie Vestey: They're put into a sheet for what reason; for dignity?

Anita Hardy: Yeah, and it helps protect the skin. It sounds awful, but if you put a chicken in the fridge and didn't cover it with anything, the skin would dry out, it would go quite hard. So, we obviously want to preserve people in the best way possible, so wrapping them in a sheet (a) is for dignity, but (b) it just helps keep them as fresh as possible.

Georgie Vestey: The coroner may come back to you and say, "Yes, I'd like you to conduct a post-mortem". What happens then?

Anita Hardy: Once we receive that instruction from the coroner, on the day of their post-mortem they're removed from the fridge, transferred into our post-mortem suite and then they will go through the full post-mortem examination process.

That includes an external examination, we will then do the internal examination of the patient and then following all of that, we reconstruct the patient and then recover them, and they are sent back to the fridge until we receive again further instruction

from the coroner about, is there anything else they need or can the patient be released to go to funeral.

Georgie Vestey: At what point do the families come to you?

Anita Hardy: Any point. We can get families come straight from the ward when somebody's passed away. They could literally be following the ambulance to the hospital and the patient passes away on the back of the ambulance, so they're instructed to go to our emergency department, and we will do a viewing straight away on them. They'll come before the post-mortem, they'll come after the post-mortem.

We have to be careful sometimes with the circumstances as to when families actually come. If the patient's got significant injuries, it might be that we have to hold the family off until a post-mortem has taken place and we can actually reconstruct their family member in a way that would mean they can be seen by them.

Georgie Vestey: So, quite a lot of your work is also about presenting bodies back to families in a way that they will recognise them, and I can imagine that is very challenging if you've had a traumatic injury?

Anita Hardy: Yeah.

Georgie Vestey: What's been the most challenging case you've had to work on?

Anita Hardy: There's been some sort of unique circumstances that we've done for families, but they're usually when we're not able to actually physically present the patient to them. We had a patient who'd passed away and had been at home for a significant period of time before he actually arrived with us.

Because of his condition, what we did do was set up for the family to come and spend time in the room with him, but he was completely covered. So, they, I think, felt connected to him but without actually having the trauma of seeing him the way he was.

Georgie Vestey: Do families ever ask you to take care of their relatives in a particular way when they're with you?

Anita Hardy: Yeah, so we've had families ask for particular music to be played for the post-mortem. We've had families ask that something is left in their hands. It might be something like a rosary, or it might be a lock of hair.

Georgie Vestey: What does the viewing suite look like? When a family come in to see you, what is the process; where are they taken?

Anita Hardy: We have a small waiting room that's got a water fountain in it. It's a little area where we can have a chat with the family about what they're going to see. It gives the family an opportunity to ask us any questions that they might have regarding the deceased. For a lot of families, it's the first time they've actually dealt with a death, so they do generally have quite a few questions.

We can also talk them through if there's any injuries to the patient or if the patient looks different in any way to what they might expect. Then, we have the main viewing room off that, so the patient's laid out on a bed with a pillow under their head.

It's quite different to what people imagine from what they've seen on TV where it's just a fridge and the patient's pulled out and, "Is this your relative?" It's not like that at all. We've tried to make it as homely as possible, rather than a cold, clinical environment.

We don't always stay with them, so we generally give them some time on their own. People don't often feel comfortable grieving in front of strangers and there's things they might want to say to the patient that they don't want to say in front of other people, so it gives them a nice bit of time to maybe have that conversation that they weren't able to have before.

Georgie Vestey: How long are they usually in for?

Anita Hardy: It can vary. Some families literally just want a few minutes just to see their loved one; some families, if we could facilitate it, they would stay for days.

Georgie Vestey: Do you see, as they come back repeatedly, are you able to see the grief change?

Anita Hardy: Some families you do, you can see they will come a few times and then you can see it in themselves that they will say, "This is enough now, I'm ready". Some families take a lot longer; sometimes some people come and see their relatives, the harder they find it to let go, because then they always look forward to the next day when can they see them again, and there has to come a natural point where it stops and they have to let that person go completely.

Georgie Vestey: How do you manage those families?

Anita Hardy: We just have to take quite an honest approach with them. Normally, we will go in and talk to them. Sometimes, it takes a lot of encouragement for people to leave, and we just have to manage that as best we can.

Georgie Vestey: What about children? Do you follow any different procedures when you look after a child?

Anita Hardy: We will dress children more than we will adults. They might have a special blanket that they want keeping with them, or a teddy in a certain spot. They might want their hair a certain way or in some cases, they don't want their hair touching, maybe their kiddie never brushed their hair, so they like it to stay messy; whereas our natural thing is to go along and comb it, because we want them to look neat and tidy and cared for. But actually, if that child's never brushed their hair, then that could be completely alien to the family.

Obviously, if you've got a three-month old baby, to put them on an adult sized bed would look awful, so we generally have smaller paediatric beds. If they will fit in a Moses basket, we'll pop them in a Moses basket. We've even got sort of neonatal sized Moses baskets that we can put our really small, little ones in. Some charities have very kindly donated a crocheted blankets and outfits and things that we can pop the little ones in, because you can't get those anywhere else. You can't go to the supermarket and buy something for a 24-week-old foetus to wear.

Georgie Vestey: I can imagine for some patients, whilst they understand the need for a post-mortem, the thought of post-mortem happening for a child or even a baby must be very confronting.

Anita Hardy: I think for little ones, it's done very much in the same way that it is for an adult; the incisions are generally the same. We spend a lot of time suturing our little ones. We generally use a silk string, normally it's a see through one as well so you wouldn't even see the stitches, you can't see the string that we use.

I always dress my patients after they've had an invasive procedure, so all of our little ones get a fresh nappy, and they're dressed. Whether that's in clothing that the parents have provided or something that we've got in our store that's been gifted to us from, again, charities.

If they've got their own clothes and they're soiled in any way, we'll wash them and we'll put them in something of ours and then we'll either release that to the funeral director or if the family want to come back and see little one, we'll redress them in their clean clothes.

Georgie Vestey: You will wash the soiled clothes in the mortuary so that you can put them back on clean for the family to see the baby in?

Anita Hardy: Yeah. I have a thing about keeping their soiled nappy, if they're wearing one, with them as well; I will never throw it away because it's small things like that that can mean a lot to a family member. To a parent, if their little one's had that first bowel movement, as strange as it can sound, that can be a massive thing to a family, so I will always keep that nappy with them.

Everything that generally comes with a baby stays with a baby. If anything, more stuff gets added. We generally keep our paediatrics quite close to us, we like to have them within sight really. I don't know if it's just the idea of watching over kids.

Georgie Vestey: What would be your advice to a family about viewing a relative?

Anita Hardy: I think go in with an open mind, don't be afraid if you want to touch them. It's okay, and it's okay to cry in front of people. We sometimes come out crying from dealing with families and there's no right or wrong way to do it. I think sometimes there's a pressure on people when they go to see a loved one that they have to then see that person.

I've got no problem if someone turns round to me and says, "Actually, I've changed my mind. I don't want to". People can force themselves to do things that they don't necessarily actually want to do, but there's the pressure to do it.

Georgie Vestey: How do you prepare yourself for the emotional impact of dealing with the family like that?

Anita Hardy: It's not easy, you have to put your head game on, and I generally think of things that I'm going to say to the family before I actually get to that point. You try and pre-empt questions that they are going to ask, but you can guarantee that if you pre-empt it, they're going to ask something that you've not thought of at all.

Georgie Vestey: Give me an example?

Anita Hardy: I think the worst things that people think is we're going to chop their relative up into little pieces; they think they're frozen; they think that after the post-mortem, they're going to look completely different when actually 90% of the time, they look better. It's questions along those sorts of lines that baffle you a little bit.

Georgie Vestey: You're correcting a lot of misinformation?

Anita Hardy: Yeah, we tend to do that a lot. I think people think mortuaries are really dark and dingy, cold horrible places and actually full of quite weird staff, and we are all a little bit weird in our own way but we're very approachable, we're very down to earth. A lot of us have been through similar experiences to the people that are coming in.

Georgie Vestey: Talk to me about how you got into this work?

Anita Hardy: I've kind of had a fascination with death and dying all my life really. I've experienced quite a few losses at quite an early age.

Georgie Vestey: So, you've always been comfortable with death?

Anita Hardy: Yeah, I guess so, yeah.

Georgie Vestey: How did you get comfortable?

Anita Hardy: I think when you've been through it a few times, it kind of takes some of the fear out of it. My mum died when I was 21 and she was the one who I

watched pass away. She'd been poorly for quite a long time, and she'd always been quite open with us that she was going to die at some point, and we'd always talked about it as a small family, me and my sister.

Up until that point I think I was quite frightened of dying, because it was such an unknown, but actually it was quite a peaceful situation and I think that helped take away a lot of the fear of what happens and that it can be a frightening thing. It's quite peaceful most of the time to actually watch somebody go.

Georgie Vestey: Did that experience of losing your mother so young give you an added level of empathy with the families that you deal with?

Anita Hardy: Definitely, yes. If you haven't really dealt with death, and then you're sort of trying to help someone with their grieving process, it can be really difficult if you've not got your own skills to draw on; there's some quite tragic circumstances we come across. To every family, every death is tragic; some just come with extra circumstances that can make it all the more tragic.

Georgie Vestey: Are there any deaths that affect you more than others?

Anita Hardy: Probably. I tend to find people my own age a bother. I think it sort of gives you a sense of your own mortality. Yeah, people my own age just give me that wakeup call that your time isn't guaranteed, and it can come at any moment.

Georgie Vestey: What are the cases when you leave this work do you think that you will take with you; who are the patients you'll remember?

Anita Hardy: I mean I'd be lying if I said I'd remember every single one of them, but I think all of them have taught me something, even if it's just a little bit of extra skill because they were particularly complex to work on. I had a family request that there was no incision visible on the chest of the patient, so we did the post-mortem from the back, and it was amazing to know that we can adapt our work to fulfil those sorts of requests.

I'm going to sound really weird now, but I love it when we've got a patient who has got quite extensive injuries and we can repair them in a way that means their family can come and say goodbye. It might be that up until that point we've had to say, "No, hold off, until we've had chance to work on them", and then when you do get

that family come in and they can see their relative, that's everything. You know that what you've done that day has meant that person can say goodbye.

Georgie Vestey: When was the last time you cried?

Anita Hardy: The only time I really remember crying was after I showed a grandfather in to identify his young grandchild. He was really quiet and strong until he opened that door, and it all became a massive reality for him, and it was too much.

Georgie Vestey: You are really watching heartbreak?

Anita Hardy: Yeah.

Georgie Vestey: I read recently a colleague of yours talking about her discomfort with the fact that people refer to the people that come into your realm as bodies.

Anita Hardy: I hate it.

Georgie Vestey: Why?

Anita Hardy: All through their stay in the hospital, they're referred to as a patient and then as soon as they die, it's a body. Yeah, they're right in a sense, you read the definition of a body, then yes; but then everybody is a body. I think it's a real bugbear, those of us that work in the mortuary environment, that you get somebody come to the door and it's, "I've come to see a body", and actually you've been caring for that person for three, four weeks and now suddenly they're just a body to you. It doesn't take much to call them a patient still.

Georgie Vestey: You're custodians, aren't you, really?

Anita Hardy: Yeah, we're there to care for the deceased. We're their advocate, because there's nobody else in that environment to do it for them and they can't do it for themselves anymore.

Georgie Vestey: What has this taught you about life, doing this job?

Anita Hardy: That it's short and you shouldn't take it for granted. I won't go to bed on an argument, I always tell people I love them straight away, because you just don't know when your time's up.

Georgie Vestey: How do you decompress?

Anita Hardy: I've got two very silly dogs at home; they are my decompression definitely. If you've had a bad day, they cheer you up in a second; so yeah, definitely them. My partner will hate me for saying that!

Georgie Vestey: I was talking with Anita, an APT working in an English hospital. If you'd like to know more about her work, then check out the website of her professional association AAPTUK.org. If you have a suggestion for a topic for a future episode or just want to offer some feedback, then do get in touch, I'd love to hear from you.

You can find me on Twitter at [Dead Honest Talk](#), or on my website DeadHonest.com.



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