



ForensicNurses.org

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To: International Association of Forensic Nurses Members  
From: IAFN Board of Directors  
Date: April 13, 2020  
RE: A recent webinar on evidence collection during a pandemic

Dear Members,

In the interest of transparency, we want to make you aware of the IAFN's perspective on a recent webinar delivered by another forensic nursing association. We have deep concern and disappointment about the above-referenced webinar. The information presented and the methods advocated did not meet the standards of practice nor the code of ethics for the nursing profession. It is unfortunate that we find ourselves compelled to register our objection to a clear assault on the integrity of forensic nursing practice and a threat to the well-being of our patients.

The webinar promoted the use of commercial products—self-collection or [do-it-yourself \(DIY\) evidence kits](#)—that Attorney Generals across the United States have banned for sale or promotion in their respective jurisdictions. The webinar presenters analogized the use of these DIY kits in a telemedicine setting as the same as the guided self-collection of samples that may properly occur under a nurse's supervision during an onsite medical forensic examination.

The analogy is false and has a high probability of leading to negative patient outcomes. Failure to provide accurate and complete information, including the fact that such DIY kits have been banned, denies patients the opportunity to make an informed choice about their care. The failure to fully disclose the serious issues surrounding these banned commercial products was both misleading and deceptive.

Where a forensic nurse is physically present during the collection of evidentiary material, the nurse may accurately attest to that material's collection and transfer. The nurse's direct oversight ensures strict maintenance of chain of custody and, thus, maximizes the admissibility of the evidence in court. In contrast, self-collection of evidence in the home setting (even if during a brief telemedicine session) does not ensure subsequent chain of custody or evidentiary integrity. These commercial products invite compelling arguments about chain of custody and inadmissibility in court. In its September 2019 statement, the National District Attorneys Association (NDAA) characterized victim-collected evidence as having "little chance of admissibility in a court of law," and noted that use of these kits may not only "prevent prosecutors from holding offenders accountable" but "exacerbate revictimization for those who turn to the criminal justice system." The American Nurses Association's Code of Ethics holds that promoting any practice that jeopardizes the best interest of the patient is a violation under Provision 3.5 (ANA, 2015, p. 12).

Promoting these clearly flawed commercial products compromises the patient's best interest. Offering misleading and incomplete information in the midst of a pandemic suggests exploitation of a public health crisis.

The *Code of Ethics for Nurses* compels that nurses have a professional obligation to "disclose[] to all relevant parties" "[a]ny perceived or actual conflict of interest" (ANA, 2015, p. 6). Despite this obligation, the presenters disclosed no commercial or other conflicts of interest information, yet announced mid-presentation that the principals of the banned DIY kits were on the webinar to field questions. The *Code of Ethics* states that "[c]onflicts of interest may arise in any domain of nursing activity, including . . . education" and "[n]urses in all roles must identify and, whenever possible, avoid conflicts of interest" (ANA, 2015, p. 5). One of the expectations of this provision is "to address such conflicts in ways that ensure patient safety and that promote the patient's best interests while preserving . . . professional integrity" (ANA, 2015, p. 5). Using the current pandemic to exploit patients for profit is simply unconscionable.

We are deeply saddened that another forensic nursing organization would promote a commercial product that undermines the standards of practice and does so in a manner that violates the ethical code of the nursing profession. As the professional forensic nursing organization that establishes the standards of forensic nursing practice, IAFN opposes the use or promotion of any banned commercial product, including DIY evidence kits.

Finally, the webinar communicated that "there is no evidence that forensic nursing improves recovery or mitigates adverse outcomes." Although forensic nursing continues to be an emerging specialty, an evidence base exists for the work we do. Attached is a reference list of forensic nursing research for you to consider and use to enhance your practice. We welcome you to reach out to us regarding issues you encounter during the pandemic or any other forensic nursing concerns.

Respectfully,



Denise Covington, President  
IAFN Board of Directors



Jennifer Pierce-Weeks  
Chief Executive Officer

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