Pathologizing the Unknown: A Sociological Explanation for the (Mis-)Use of Sudden Infant Death Syndrome as a Diagnosis

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Abstract

Sudden infant death syndrome (SIDS) is a diagnosis given to infants who die suddenly and unexpectedly before the age of one. After decades of research into SIDS, little has been conclusively determined regarding the etiology of this phenomenon. While SIDS deaths are in reality undetermined deaths, there is resistance to abandon SIDS and synonymous terminology. This paper identifies the social functions that a diagnosis of SIDS provides both to the families of the deceased, as well as the physicians who treat them. It is suggested that these social functions help to explain why, despite being inaccurate and misleading, SIDS is still widely used today. It is argued, however, that the forensic pathology and medical community as a whole should lead a systematic shift away from the use of SIDS as a diagnosis. Adopting more medically-appropriate terminology would better serve the goals of the medical profession and the families they serve.

I. Introduction

Sudden infant death syndrome (SIDS) is the sudden death of an infant under one year of age where their death remains unexplained after full consideration of the deceased's medical and family history, the performance of a complete autopsy, and an examination of the death scene (Athanasakis, Karavasiliadou, & Styliadis, 2011). The term is often associated with deaths of newborns and infants who show no indication that they are in poor health prior to their untimely death (Athanasakis, et al., 2011). SIDS is used as a diagnosis across the globe with varying degrees of prevalence. The United States has the greatest prevalence with 0.39 deaths per 1,000 live births, followed by England/Wales with 0.25, and Canada with 0.15 (Shapiro-Mendoza, et al., 2018). It is believed that the differences in these rates are largely attributable to the different coding systems that are used in each country (Shapiro-Mendoza, et al., 2018). To this date, neither the etiology nor consistent pathognomonic findings related to SIDS have been identified. Ultimately, use of the term is at the discretion of forensic pathologists, the medical professionals tasked with providing their opinion on the cause and manner of death and relaying those findings to the families of the deceased.

The use of SIDS has proven to be controversial among forensic pathologists and those affected by sudden infant death due to the uncertainty of what a SIDS "diagnosis" truly means. Despite SIDS being widely used and endorsed by the World Health Organization, physicians, and broadly used by the public, there has been an increased reluctance by forensic pathologists to use the term (Goldstein, et al., 2019). Identifying these infant deaths as undetermined, as well as moving away from any acronyms to categorize infant death has been recommended to prevent further confusion (Goldstein, et al., 2019). This trend has been reflected in the diagnostic shift

away from SIDS, with rates of SIDS declining since the 1990s (Erck Lambert, Parks, & Shapiro-Medoza, 2018). As a result, more infant deaths are being identified as being from an unknown cause or accidental suffocation and strangulation in bed as appropriate (Erck Lambert, et al., 2018). This diagnostic shift is an acknowledgement that the current standard of using SIDS and synonymous terminology to categorize infant death is no longer serving its purpose.

Despite the diagnostic shift, SIDS remains to be one of the highest categorical "causes of death" of infants in Canada, the United States, and the United Kingdom, when the reality is that the cause of death of these infants is unknown (Gilbert, et al., 2012; Murphy, Xu, & Kochanek, 2013; Garstang & Pease, 2018). While the label may have originated as a way to classify a collection of infant deaths, SIDS has expanded much further with various synonymous labels that add to the confusion surrounding the death of a child. Labelling a cause of death as being attributable to SIDS is misleading and harmful to grieving families who are now under the false impression that a disease process was responsible for the death of their child. While there may be a disease process behind SIDS, this has not been scientifically proven and therefore should not be advertised as such. Despite best intentions of using SIDS as a cause of death, giving families the impression that a child has died of an unknown medical condition may have unintended sociological implications thereby worsening the grieving process. This contradicts the role of the physician to do no harm.

Literature from the fields of forensic pathology, pediatrics, death investigation and sociology were assessed in this paper. Historical development of SIDS in the medical field was considered so that an accurate description of how SIDS is currently used in both the medical and sociological fields could be ascertained. Data and research from the United States, Canada, and

the United Kingdom were primarily cited in the arguments made in this paper. Ultimately, it will be argued that the understanding and framing of SIDS should be approached from a sociological perspective. A sociological perspective acknowledges the importance of labels for both the families and medical professionals in coming to terms with the death of an infant without being disingenuous about a medical cause of death. It is through this approach that a systematic shift can be made to classify the cause of these deaths accurately as undetermined. An undetermined classification is a singular label that acknowledges a significant number of infants who die suddenly, is honest on behalf of health care providers who give the designation, and does not mislead families who are affected by the death of their child.

II. The Role of the Forensic Pathologist

Forensic pathology is a subspecialty of pathology that works to examine those who have died in order to provide their medical opinion regarding the cause, mechanism and manner of the decedent's death (Krehbiel & Pinckard, 2015). A forensic pathologist is considered to be an investigator whose responsibility it is to gather the facts surrounding the death of an individual, interpret those facts and their relevance to the case, and draw a medically-sound conclusion as to how a person died (Krehbiel & Pinckard, 2015). It has been argued, however, that to simply determine what caused the death of an individual (the "how" of their death) is not enough and rather the forensic pathologist's duty extends to answer "why" a person died (Matshes, et al., 2011). It is when the "why" has been answered that the forensic pathologist is truly serving their community (Matshes, et al., 2011). Forensic pathologists, like all physicians, are tasked with fulfilling the duties required of their specialty while simultaneously upholding the oath to do no harm (Crandall, Reno, Himes, & Robinson, 2017).

In the course of their work, forensic pathologists may employ a variety of methods including the "toolbox" of practices they use through the course of their work. First and foremost, the gold standard of identifying pathology and cause of death is the autopsy (Krehbiel & Pinckard, 2015). An autopsy includes both an external and internal examination of the deceased including the removal and examination of the internal organs in an attempt to find pathology significant enough to cause death (Krehbiel & Pinckard, 2015). Other tools include attending the scene of death, making phone calls to the appropriate parties, and taking photographs of the scene (Krehbiel & Pinckard, 2015). Advanced imaging techniques such as the use of post-mortem CT scans, MRI, and x-rays are also valuable tools in helping to determine the cause of death (Krehbiel & Pinckard, 2015). Furthermore, molecular genetic testing can be used in sudden unexplained deaths that are still unexplained upon the completion of a thorough autopsy and investigation (Krehbiel & Pinckard, 2015). Lastly, post-mortem cultures, biochemical testing and toxicology may be utilized in appropriate cases; however, like every tool in the forensic pathologist's toolbox, they must only be used if they are deemed to be necessary (Krehbiel & Pinckard, 2015). Once the appropriate tools have been used and the entirety of the case findings considered, a conclusion regarding the cause of death can be drawn.

III. Pediatric Forensic Pathology

In the context of a child's death, forensic pathologists are tasked with providing the next of kin with accurate information regarding the death of their child in a clear, understandable way, where the family can follow up with questions should they need clarity (Crandall, et al., 2017). That being said, there is a challenge to fulfil this duty when the cause of a child's death is unknown. The hallmark of pediatrics both in the living and deceased is that "infants are not just

small adults" (Pinneri & Matshes, 2017, p. 172). As such, the autopsy of an infant or child cannot be treated in the same way as an adult autopsy. Injuries or natural disease in an infant may be increasingly subtle and difficult to detect, requiring the forensic pathologist to apply an additional level of rigour to these cases as pertinent information can easily be missed (Pinneri & Matshes, 2017).

Currently, in some jurisdictions such as Canada, there is not a nationally accepted standard for how an infant autopsy should be done, nor what it should include (Pinneri & Matshes, 2017). There are, however, several critically important aspects to a pediatric autopsy that has been suggested by professionals in the field. While there are overlaps with adult autopsies, additional components such as measuring important growth parameters (e.g., head circumference), performing full-body imaging, completing a skeletal survey, and metabolic testing for inborn metabolic pathology are commonly employed by forensic pathologists in pediatric autopsies (Pinneri & Matshes, 2017; Andrew, 2016).

An additional component of the death investigation of an infant is a re-enactment of the circumstances surrounding the child's death. This often includes a doll being placed in the same place and position as the infant where they were found to be deceased. While this is undoubtedly an extremely difficult task to ask of parents who have just lost their child, it has been found that parents want to understand how their child had died just as much as the investigators and this need for answers outweighs the difficulty of the situation (Andrew, 2016). Doll re-enactments have proven to be incredibly useful in distinguishing between a death of unknown etiology and being able to explain to a family how their child has died (Andrew, 2016). In addition to doll re-enactments, it is recommended that documentation of the infant's initial lividity pattern be

done as soon as possible as these patterns can also speak to the positioning of the infant at the time of their death (Pinneri & Matshes, 2017). The extensiveness of the pediatric death investigation demonstrates that the inability to find the cause of death is not due to the forensic pathologist "missing" a disease process or injury in a pediatric exam. While it cannot be excluded entirely that the cause of death has been overlooked, investigative practices are far too comprehensive for this to be an explanation for all undetermined deaths.

The last component of the forensic pathologist's duties is determining the manner of death. The manner of death can be understood as a classification of the circumstances that result in the death of an individual (Statistics Canada, 2012). There are currently five different manners of death including accidental, homicide, natural, suicide, and undetermined (BC Coroners Service, 2007). As the name suggests, an undetermined death is assigned when after all death investigation procedures are complete, there is insufficient evidence to reasonably classify the death as natural, accidental, homicide or suicide (BC Coroners Service, 2007). The manner of undetermined is pertinent to the discussion of SIDS because, in many ways, undetermined deaths and SIDS deaths are the same. This begs the question of why SIDS remains to be used among those in the medical and death investigation community.

IV. Sudden Infant Death Syndrome

The term sudden infant death syndrome was first coined in 1969 to serve as a classification to a group of unexplained infant deaths so that these deaths could be categorized and studied by the medical community (Nashelsky & Pinckard, 2011). Since that time, it has been the focus of over 500 million dollars in medical research, public health policy, and public support services (Crandall, et al., 2017). After nearly 50 years of study and research, there has

been no significant advancement in the understanding of what SIDS actually is. SIDS currently has no defined etiological mechanism, no consistent symptomatology, and no pathognomonic findings that can be identified in autopsy (Athanasakis, et al., 2011; Wright, 2017). Even the numerous "findings" that are suggestive of a SIDS cause of death are weak; this renders SIDS to be a diagnosis of exclusion (Wright, 2017). Furthermore, there have been numerous attempts to identify associated factors that put infants at risk for SIDS, and while several risk factors have been identified, none have sufficiently explained, predicted, or prevented all sudden infant deaths (Kautz, 2017).

In 2010, SIDS was the third leading "cause of death" among infants in the United States, and fourth in Canada and remains to be a leading "cause of death" in the United Kingdom as well (Gilbert, et al., 2012; Murphy, et al., 2013; Garstang & Pease, 2018). The reality of these statistics is that some of the largest groups of deceased infants in Canada, the United States, and the United Kingdom have an *unknown* cause of death. Understanding these deaths is without a doubt an important task, however, the issue with SIDS is that it has evolved from being a categorization of death into being presented as a disease with an unknown cause (Nashelsky & Pinckard, 2011).

V. SIDS as a Medical Diagnosis

Providing a diagnosis is a hallmark of the medical system. Diagnoses serve as a way to organize illness by laying out corresponding treatments, giving prognoses, and explanations as to where the illness came from (Jutel, 2009). Giving a diagnosis to a set of symptoms serves many needs in society including contributing to health data collection, research funding allocation, public planning, providing access to services, sick leave and support groups, among many others

(Jutel, 2009). The issue, however, is that SIDS is not a diagnosis or a set of symptoms as the name implies. A syndrome is a consistent collection of symptoms whereas SIDS is defined by an inherent absence of symptoms (Kautz, 2017). This absence of symptomatology leads to confusion which in turn leads to further misinterpretation of the phenomenon (Kautz, 2017).

A physician can only reach a medical diagnosis by gathering a patient's history, conducting a physical exam or autopsy, and running diagnostic tests (Rakel, 2018). This process involves pattern recognition and following a problem-solving algorithm so that when symptoms or test results are available, the physician can make an appropriate diagnosis (Rakel, 2018). In the case of SIDS however, there are no patterns and there are no diagnostic criteria. The only element that must be present to warrant a SIDS "diagnosis" is the absence of patterns and symptoms. The Physicians' Handbook on Medical Certification of Death states that the cause of death on a Medical Certification of Death is considered to be correctly documented when the physician **can** provide an etiologic explanation of the circumstances of death (Department of Health and Human Services, 2003). Furthermore, the cause of death is to be specific and there should be no doubt as to why the condition resulted in death (Department of Health, 2003). A "diagnosis" of SIDS satisfies neither of these requirements.

While perhaps most commonly referred to as SIDS, the sudden death of an infant has been called the following: Cot death, Crib death, Sudden death in infancy or SDII, Sudden infant death or SID, Sudden infant death syndrome or SIDS, Sudden unexplained death or SUD, Sudden unexplained (or unexpected) death in infancy or SUDI, as well as approximately ten other labels (Shapiro-Mendoza, Kim, Chu, Kahn, & Anderson, 2010). Another frequently used term is Sudden Unexplained Infant Death (SUID). SUID is a broader category that accounts for

three different subtypes of infant deaths including SIDS, “unknown cause,” and accidental asphyxia and strangulation in bed (ASSB) (Erck Lambert, et al., 2018). The use of SUID is problematic because it has conflated terms that hold very different connotations. As previously discussed, the categories of SIDS and unknown cause are the same. To separate them as different is to say that SIDS is a known cause of death when it is the opposite. Additionally, to put a known cause of death such as ASSB under the same category as unknown causes of death is confusing and misleading to parents and practitioners who are experiencing infant death. ASSB is a provable and understood cause of death on its own and does not need to be categorized along with deaths that are not understood. Because of this, it is recommended that the use of SUID should be abandoned as well. As previously noted, the introduction of SIDS was originally used to categorize a set of unexplainable infant deaths. This expansion of synonymous terminology, however, negates this original intention of organized classification (Nashelsky & Pinckard, 2011).

These numerous variations in terminology surrounding sudden infant death suggest that there is a significant degree of uncertainty among individuals in the death investigation field whether or not any individual death should be attributed to SIDS (Kim, et al., 2012). These various diagnoses not only make it difficult for researchers to study sudden infant death as a phenomenon, but they also contribute to the confusion and frustration of parents who are trying to understand what happened to their child (Crandall, et al., 2017). If the diagnoses are so numerous and have different connotations among each one, the underlying meaning of the diagnosis is lost. SIDS and other similar terminology no longer say that a child’s death is simply unexplained; instead, each variation of the diagnosis comes with its own set of expectations and

meanings that bring further confusion and frustration to grieving parents. It should be the responsibility of the community who created these diagnoses to ensure that they are being used as originally intended, and to assess whether they remain to be useful in explaining the phenomenon. If they are not, their purpose in society is lost.

When SIDS is "diagnosed" by physicians, it is implied that after a thorough examination of the body, medical history and death scene that there is an unknown disease process that was responsible for the death of the child which is misleading and irresponsible on the part of the physician (Nashelsky & Pinckard, 2011; Kim, Shapiro-Mendoza, Chu, Camperlengo, & Anderson, 2012). Identifying SIDS as a legitimate medical diagnosis is fraught with misleading implications and misinformation. The lack of scientific findings surrounding SIDS begs the question if a medical approach to this phenomenon remains to be a relevant and useful framework.

VI. SIDS as a Social Diagnosis

Social diagnoses not only consider an individual's health factors contributing to a diagnosis, but also consider the influences of the society in which they live (Brown, Lyson, & Jenkins, 2011). This can bring an additional level of understanding to diagnoses that are surrounded by medical uncertainty (Brown, et al., 2011). A diagnosis is not a vacuum that is secluded from external factors. It is a concept that is influenced by the biological, political, technological and social environment it was conceptualized in (Jutel, 2009; Brown, 1995). Approaching the understanding of SIDS from a social diagnosis standpoint may help explain why the term is still being used in the medical community and society as a whole. There are

many aspects of an infant's death that have social implications for the family affected, the surrounding community, as well as the physicians who are involved.

The willingness to accept SIDS as a cause of death may be attributed to the societal belief that homes and families are safe places for children (Smithey & Ramirez, 2004). This belief influences death investigators and potentially biases them against seeing or acknowledging other causes of death (Smithey & Ramirez, 2004). Rather than acknowledging the possibility of an unsafe home and therefore confronting the families further during an investigation, death investigators may unintentionally favour using SIDS to absolve their own biases while absolving families of guilt. The death of a child creates an overwhelming combination of grief, guilt and need for understanding that comes from a belief that infants do not "just die" without explanation (Kautz, 2017).

Being given a diagnosis provides a "claim for exemption," where the individual who receives the diagnosis is validated and treated, rather than blamed for their illness (Jutel, 2009). A diagnosis serves as a way for a person to incorporate themselves socially by giving them the tools they need to talk about and explain their illness to those around them (Jutel, 2009). This last component is especially applicable to SIDS. When an infant dies unexpectedly, parents are left wondering what happened to their child, as well as how they can explain the death to others. A diagnosis imposes order, distinguishing between the real and the imaginary (Jutel, 2009). Attributing a death to SIDS tells parents that their child died of *something* rather than telling parents the death cannot be attributed to anything; something that is undoubtedly harder to comprehend.

Further, parents without a label for their child's disorder have been found to receive less acceptance of their child's condition from others which results in reduced social support from other families and less contact with families in similar situations (Coates-Dutton, 2015). There is a strong association between having a diagnosis and legitimacy (Jutel, 2009). Without a diagnosis, families run the risk of not having social recognition of their situation and possibly worse, of being accused of faking or lying about their child's condition or cause of death (Jutel, 2009). SIDS is a useful term socially as it suggests that the child's death was out of the parents' control (Smithey & Ramirez, 2004). As SIDS has turned into an implication of a natural disease process, attributing a death to SIDS absolves parents of guilt associated with their child's death. It is not to say that parents are actually responsible for their child's death in cases of sudden death, however, it is inevitably a social function of the label.

Canadian pediatric forensic pathologist Ernest Cutz identified three purposes of the term SIDS: "to encourage and focus research into these tragic deaths, to comfort parents with knowledge that the death was the result of a natural disease entity, and to absolve parents or caregivers of any blame for the death of their infant" (Wright, 2017, p. 159). While it is inaccurate and misleading to identify SIDS as an unexplained natural disease process, the reasoning behind doing so is clear. Natural diseases, especially in infants, imply that something out of a person's control has happened rather than something a person did to themselves or by someone who loves them. There is a great amount of social stigma associated with the death of a child and therefore, it could be said that being given a diagnosis serves as a way to address many of the negative social implications of having a child who has died suddenly.

While SIDS may seem like the answer to the sociological challenges associated with the death of the child, one study has shown that it may not be as useful as expected. Crandall et al. (2017) showed that certifying the cause of death of an infant as SIDS or sudden unexpected infant death (SUID) caused frustration, anger and anxiety among parents in higher quantities than with infant deaths that were given an undetermined classification. While parents who were given a SIDS diagnosis reported the least confusion compared to parents given an undetermined diagnosis, it was also found that parents with an undetermined certification were given the least amount of clarity or explanation compared to their SIDS and SUID counterparts (Crandall et al., 2017). It is the responsibility of the physician and/or death investigator to explain their findings (or lack thereof) to all patients, especially in circumstances where the cause of death of an infant is unclear. A failure to explain why an infant has been given an undetermined cause of death is a disservice to the families they serve.

Parents of children who die suddenly are not the only group who are affected by the implications of an unexplained death. Physicians, including forensic pathologists and any other specialists who come into contact with the family, face many sociological implications of not being able to explain a child's death. Providing a diagnosis has been described as "the foundation upon which the strength of [the medical] profession rests… which establishes and supports the profession's claim to [honour], income and power" (Jutel, 2009, p. 284). The inability to provide a "legitimate" cause of death places strain on the physician and the doctor-patient relationship. In fact, parents who certified their infant's cause of death as SUID reported the highest amount of distrust and loss of respect amongst physicians and medical examiners (Crandall et al., 2017). Again, this is likely because SUID accounts for cases of SIDS, ASSB, and undetermined deaths.

Parents seeking support through groups with other parents who have experienced infant death will only face more confusion when learning that their SUID "diagnosis" could hold three different meanings. It was noted that much of parents' frustration arose from the inconsistency of labels used among medical professionals (Crandall, et al., 2017). This again addresses what is problematic with the use of SIDS-type labels in the medical community.

The results of autopsies and death investigation as a whole should aim to serve the families of the decedents (Matshes, et al., 2011). Convoluted and misleading diagnoses will not serve families in understanding the death of their child, but only bring more confusion and distrust towards the medical community. It has been argued that if a pathologist cannot fully explain a child's death then the pathologist has not served the family of the deceased (Matshes, et al., 2011). This statement contradicts the fundamental duties of the pathologist: to consider all medical and investigative evidence and to offer a medical opinion that addresses all of the evidence (Matshes & Lew, 2017). To say that a death is undetermined is to honestly say in light of the findings of the investigation, that the forensic pathologist does not know the cause of death (Crandall, et al., 2017).

The forensic pathologist must become comfortable in admitting that they cannot provide a cause of death and that this is not a reflection of their ability to do their job (Matshes & Lew, 2017). Suggesting a death is attributable to SIDS, and therefore to some unknown disease process with associated risk factors, is not truthful to parents and may interfere with the grieving process rather than improve it (Matshes & Lew, 2017). Forensic pathologists are tasked with advocating for the scientific truth of their findings and it is disingenuous to label an

undetermined death as something that it is not. Even if there are perceived sociological benefits for the family, evidence shows that the negative effects outweigh the positives.

The topic of death can be considered taboo in today's society. Death is not frequently discussed openly, and when it is, it is often shrouded in fear and denial, despite it being a natural, unavoidable aspect of human existence (Kautz, 2017). Ultimately, this fear of death likely contributes to SIDS as a social diagnosis. To attribute a sudden death to SIDS is to alleviate many of those unanswered fears. To take away SIDS is to say that infants are dying without a known cause. Attributing a death to an undetermined cause is unpalatable to families, the medical community, as well as the criminal and civil justice systems because it is the embodiment of a widespread societal fear (Matshes & Lew, 2017). The irony is, however, that attributing a death to SIDS is the same thing as saying the death is undetermined. The undetermined reality of these deaths is pathologized to address the fear and misconceptions surrounding death, making it more palatable.

VII. Recommendations & Conclusions

Approaching complex medical problems holistically, from both physiological and sociological standpoints can provide insights into complicated medical phenomena such as sudden infant death. Acknowledging the social frameworks within which a diagnosis exists can answer questions regarding why some diagnoses exist in the first place and can be powerful in the clinical setting (Jutel, 2009). SIDS as a diagnosis can provide sociological tools for grieving parents such as having the language to talk about their experience with other families who experienced unexpected infant death, as well as lessen feelings of guilt. With that said, parents are also experiencing increased amounts of depression, anxiety, and confusion with infants who

are given a diagnosis of SIDS or other synonymous terminology. Parents deserve to be given truthful and clearly stated conclusions surrounding the cause of their child's death, and in cases where the death is undetermined, parents must be told as such (Nashelsky & Pinckard, 2011). This disclosure of undetermined is to say with medical integrity that "we do not know" why a child has died, and this should be communicated clearly (Nashelsky & Pinckard, 2011; Crandall, et al., 2017).

A systematic shift to the classification of death to undetermined clearly states the unknown nature of these sudden infant deaths while acknowledging the need for a category of death that can be studied for epidemiological data (Wright, 2017; Andrew, 2016). Historically, SIDS has served as a widely accepted, useful sociological phenomenon which has served many purposes in society (Wright, 2017). That being said, it is the responsibility of the forensic pathology community to continually assess whether or not a label continues to serve the functions it was originally intended to serve. Ultimately, the usefulness of SIDS has run its course and that it is time to shift the conversation surrounding SIDS out of the medical domain. It is therefore recommended that the use of sudden infant death syndrome, as well as all synonymous terminology, be eliminated from the medical community.

Shifting all terminology to undetermined**,** in conjunction with open and honest dialogue with families, can satisfy positive functions of labels while lessening misunderstandings between the medical community and the families they serve. While there will inevitably be drawbacks to any systematic change of this magnitude, the benefits will outweigh the challenges and will mean that forensic pathologists can better fulfil their role as a physician and educator. This will, in turn, give parents the tools and resources to seek closure and the information needed to

educate others and advocate for themselves and their lost child. The death of a child will never be easy, however, by being honest and factual in times where it may be easier to tell half-truths, we are encouraging a new generation who can openly discuss the complexity of infant death while advocating for education and progress in child death investigation.

VIII. Future Considerations

Making a systematic change out of using terminology that has been prominent for many decades will come with its own set of challenges. Physicians will need to be educated about the harms of using SIDS so that they can, in turn, educate their patients should they have the unfortunate experience of losing a child inexplicably. This means that physicians will need to find comfort in the unknown and find confidence in their abilities that unexplained infant death is not reflective of their skill as a physician. Likewise, parents will need the tools to speak to others about the unexplained death of their child, which means that society needs to have appropriate resources in place to guide these people with education and social support. Should SIDS remain to be acknowledged as an entity, at the very least the “syndrome” should be removed from the name to eliminate the association with a disease process. Experiencing sudden infant death is a devastating phenomenon that may be aided by bringing people who have had similar experiences together. Having an infant who has died suddenly due to an undetermined cause can still serve as a classification that brings people together, without the confusion and frustration associated with various synonymous labels.

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