Death Investigation in Maryland
David R. Fowler MB. ChB. M.Med. Path.(Forens)

David R. Fowler, MD
Chief Medical Examiner
At the end of this program the user will have an understanding of:

- The different types of death investigation system in the United States
- The Training need to be a Medical Examiner
- The legal responsibilities of the Medical Examiner
- The method of information gathering
America: The Melting Pot

- The Coroner system
- The Medical Examiner system
- The mixed system
M.E. vs. Coroner in U.S.

Medical Examiner
- Appointed
- Forensic pathologist
- STATE, district or county jurisdiction

Coroner
- Elected
- Variable qualifications
- District or county jurisdiction

Search For Truth
What is a Medical Examiner

- Licensed Physician
  - 8 years after leaving high school
- Full Hospital Pathology Training
  - 4 years
- Forensic Pathology Training
  - One year
- Board Examinations
  - Pass Anatomic and Forensic Pathology exams
1939

- First statewide medical examiner system in United States.
- Post Mortem Commission formed.
- Defined in the statute as an independent agency.
- Budget set by legislature annually.
Independence of Medical Examiner

- Deaths occur in government facilities
  - Chronic Care facilities
  - Mental health facilities
  - Prisons
  - Juvenile detention facilities
  - Wards of the state

- Deaths occur in custody.
  - During police activity

- Deaths occur in private institutions
  - Hospitals
  - Nursing homes
Separation of Medical Examiner and Government

- Cabinet level
- In Judiciary
- In Law Enforcement
- In Attorney General
- In Health Department
- University
- Other/Independent
Post Mortem Commission

- Chair of Pathology at U. of Maryland
- Chair of Pathology at Johns Hopkins U.
- Superintendent of the State Police
- Commissioner of Health for Baltimore City
- Secretary of Health of Maryland
Post Mortem Commission is responsible for:

- All operational decisions, protocols, etc
- All key staff positions
Search For Truth

Office Of The Chief Medical Examiner
OCME 2010

- 120,000 square feet, 5 floors
- 22 autopsy stations
- CAT scan facility
- BL3 autopsy facility (six stations)
- Mass fatality triage and autopsy area
- Conference/EOC/Media briefing facilities
- Teaching facilities
Background Information

- Maryland population is 5.7 million
- OCME Budget is $10.4 million
- 75 full time and 90 part time staff
- 15 Forensic pathologists
- 14 full time investigators
- 8 autopsy technicians
- 7 toxicologists
Background Information

- Over 10,000 referred cases
- Over 8000 cases accepted per year
- 4395 autopsies
Two Systems In One

- Baltimore city
  - Investigation by full time investigators

- 23 Counties
  - Investigation by part time Forensic Investigators and Deputy Medical Examiners
Death Investigation Coordination

- All cases referred to OCME in Baltimore
- All full time staff at OCME
- All body examinations at OCME
- All toxicology, histology etc. at OCME
- All records at OCME
- 24 Hour coverage by F.I. and M.E.
- All case decisions made by F.I. or M.E.
OCME Case Criteria

- Death due to violence
- Death due to suicide
- Death by casualty
- Any suspicious death
- Sudden or unattended death
- Death while in custody
OCME Case Criteria

- Death due to drug or alcohol intoxication
- Any pregnant women
- Any unattended birth (wt. > 500 grams and age > 20 wks)
- Death of any child under 18 yrs of age
- Unexpected death during a procedure
- Death of a firefighter on or off duty
In Other Words

➢ “Any death that is not solely and exclusively due to natural causes.”
➢ Any death where any reasonable suspicion is raised by any person of interest
➢ The M.E. must with a clear conscience, be able to sign a D.C. “within a reasonable degree of medical certainty” otherwise continue to investigate
Case Classification

- Decline
- Accept case
  - Autopsy
  - Scene Inspection
  - OCME Inspection with Toxicology
  - Approval
A postmortem is an examination of a body to determine the cause of death or pathological condition.

It is only one of the tools used to determine cause of death.

Performed at the discretion of the M.E. (not family, police, physician etc.)
The role Of Emergency Medical Personnel

- Locate and view the body
- Check for pulse, respiration, and reflexes, as appropriate
- Ensure death is pronounced, as required
The Role Of The Police

- To secure and control the scene of death
- To investigate criminal activity
- To identify and interview witnesses
- To process scene (Crime Scene Investigator)
The Role Of The Crime Scene Investigator

- To photograph the scene
- To gather evidence
- To dust for prints
- Alternative light source
- Luminol
- To attend autopsy
- Chain of custody
The Role of the Forensic Investigator:

- Take jurisdiction of body
- Document the scene
- Collect evidence on body
- Obtain medical history
- Determine the need for autopsy with M.E.
- Arrange for disposition
- Ensure a completed death certificate
What We *Don’t* Do

- OCME personnel DO NOT pronounce!!
- OCME personnel DO NOT pronounce!!!
- OCME personnel DO NOT pronounce!!!!
- We do not take valuables
Quality Assurance on Baltimore cases

Scenario 1: accepted suspicious

- Death reported
- Scene investigation by F.I
- Consult with M.E.
- Photograph body at scene
- Body to OCME
- Body examined (autopsy, x-ray, tox. photo etc.)
- D.C. completed. Autopsy report completed
Quality Assurance on Baltimore cases

Scenario 2: accepted, non suspicious

- Death reported
- Scene investigation by F.I.
- Consult with M.E.
- Photograph and examine body at scene
- Body to funeral home
- Investigation reviewed by Pathology Fellow
- Reviewed by Chief Investigator.
- Reviewed by M.E. prior to signing D.C.
Quality Assurance On Cases That Are Autopsied

- Morning teaching rounds
- M.E. and technician work together
Quality Assurance On Cases That Are Autopsied

- All homicides, all children age less than 2 years, and all undetermined manner of death reports are reviewed by the Chief M.E.
Quality Assurance On Cases That Are Autopsied

- 3pm sign out meeting
Maryland Statute:
Any physician, funeral director or any other person who believes that a death is suspicious is required to report it to the local law enforcement agency where the death occurred.
Who Reports cases?

- The hospital agent
  - Each hospital shall appoint a responsible agent with whom the medical examiner can communicate at any hour regarding medical examiner cases reported to them by the police
  - The agent so designated shall supply all relevant information to the medical examiner on inquiry
Backdoor reporting

- Directly from family
- Directly from physicians
- From funeral directors
- From legal representatives
- Press
Vital Records Filing

- Key word list: e.g..
  - Intoxication
  - Exsanguination
- Key phrase list
- Causes that cannot be coded
- Approximately 2000 death certificates a year are referred to the OCME for review.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

**IMMEDIATE CAUSE (Final disease or condition resulting in death)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Due to or as a consequence of:</th>
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</thead>
<tbody>
<tr>
<td>Sepsis</td>
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<tr>
<td>End Stage Asthma (Refactory)</td>
<td>3.4 years</td>
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<tr>
<td>End Stage Cirrhosis</td>
<td>3.4 years</td>
</tr>
<tr>
<td>Chronic Alcohol Abuse</td>
<td>20 years</td>
</tr>
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</table>

24. Approximate Interval Between Onset and Death

- 24 hours

25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

- Upper GI bleed
- Recent chronic ingestion

26. PLACE OF DEATH (Check only one)

27. MANNER OF DEATH

- Natural
- Accident
- Suicide
- Homicide
- Pending Investigation
- Other (Specify)
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. ACUTE ABDOMINAL CATASTROPHE

DUE TO (OR AS A CONSEQUENCE OF):

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED?

1 [ ] YES 2 [ ] NO 24d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 [ ] YES 2 [ ] NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

[ ] YES [ ] NO

HOSPITAL:

1 [ ] Patient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

26. PLACE OF DEATH (Check only one)

26a. DATE OF INJURY

(Month, Day, Year)

26b. TIME OF INJURY

26c. INJURY AT WORK?

[ ] YES [ ] NO

26d. DESCRIBE HOW INJURY OCCURRED

26a. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)

26b. LOCATION (Street and Number or Rural Route Number, City or Town, State)

27. MANNER OF DEATH

1 [ ] Natural 2 [ ] Pending Investigation

3 [ ] Suicide 4 [ ] Homicide

6 [ ] Could not be determined

29a. CERTIFIER (Check only one)

1 [ ] CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 [ ] MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

H. KISHEL, CDR, MC, USN

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

[ ] 23 July
**PART I.** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

**IMMEDIATE CAUSE (Final disease or condition resulting in death)**

- **Brain Death**

**DUE TO (OR AS A CONSEQUENCE OF):**

- **Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST.**

**PART II.** Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

<table>
<thead>
<tr>
<th>24a. WAS AN AUTOPSY PERFORMED?</th>
<th>24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?</th>
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</thead>
<tbody>
<tr>
<td>1 YES 2 NO</td>
<td>1 YES 2 NO</td>
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<table>
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<th>25. WAS CASE REFERRED TO MEDICAL EXAMINATION</th>
<th>26. PLACE OF DEATH (Check only one)</th>
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<td>1 YES 2 NO</td>
<td>Hospital:</td>
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<td>1 Patient 2 EOV/Outpatient 3 DOA</td>
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<td>OTHER:</td>
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<td>4 Nursing Home 5 Residence 6 Other (Specify)</td>
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<table>
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<th>27. MANNER OF DEATH</th>
<th>28a. DATE OF INJURY</th>
<th>28b. TIME OF INJURY</th>
<th>28c. INJURY AT WORK</th>
<th>28d. DESCRIBE HOW INJURY OCCURRED</th>
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<tr>
<td>Suicide</td>
<td>5 Pending Investigation</td>
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<td>Other</td>
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<table>
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<tr>
<th>29a. PLACE OF INJURY</th>
<th>29b. LOCATION (Street and Number or Rural Route Number, City or Town, State)</th>
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<td>Home, farm, street, factory, office, building, etc. (Specify)</td>
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<table>
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<th>29c. CERTIFIER (Check only one)</th>
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<tr>
<td>1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.</td>
</tr>
<tr>
<td>2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.</td>
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<th>29d. DATE SIGNED</th>
<th>29e. SIGNATURE AND TITLE</th>
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<tr>
<td>5/1/3191</td>
<td>K J. Barlow, M.D.</td>
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Search For Truth
NO KIDDING

Reasons for demise from six death certificates

1. "Went to bed feeling well — woke up dead"
2. "Don't know — never fatally ill before"
3. "Don't know — died without aid of a doctor"
4. "Worn out"
5. "Nothing seriously wrong"
6. "Blow to head with an axe"

* "Contributory cause" was another man's wife

Source: St. Louis Genealogical Society
3D CT: Fracture dislocation of T7-8 vertebrae after fall

3D CT: “Pseudo” OPG in unidentified body

3D CT of multiple skull fractures after blunt trauma
Religious Objection Example:
Undetermined Death of Elder following fall in Nursing Home

Autopsy not performed due to religious objections
Drowning – River mud in sinuses and airways
Post Mortem CT scans now admitted as evidence in court in Maryland
C1-2 Dislocation with brain stem compression
Post Mortem CT scans now admitted as evidence in court in Maryland

- First 3 cases believed to have influenced outcome in vehicular homicide cases
  - Guilty pleading – no trial
  - Defendant opted for trial by judge alone
  - Jury conviction - Jury members stated that 3D PMCT images enhanced their understanding of the gravity of injuries suffered by the deceased

- In cases 1 & 2 the defense was reluctant to have PMCT images depicting severe injuries shown to a jury
Can the use of postmortem CT and MR save major court costs?

- Trials are expensive – major trial cost (eg homicide) can run > $100K
- Increased plea bargains means fewer trials
- Non-jury trials are less expensive than juried ones
- Big savings can result

* Such savings support an economic model for the introduction of advanced imaging into forensic medicine
Our early experience suggests that 3D CT imaging has great potential to influence juries.

So far, this has been mainly on behalf of the prosecution of crime.

We must be mindful of the fact that PMCT or other advanced imaging may also play a part in the exoneration of the innocent…
Case Hx: Non-Fatal Blunt Trauma – Accidental or Inflicted?

- Driver arrested for DWI and obstructing police officers

- POLICE VERSION:
  - Attempted to head-butt police officer while hands cuffed behind back
  - Officer swept legs out from under detainee
  - Detainee’s head hit hard tile floor

- DETAINEE’S VERSION:
  - Assaulted by officer, kicked and punched multiple times, hit with leg of chair

- Findings in ER:
  - Right forehead laceration, CSF rhinorrhea
  - CT showed frontal bone and right sided facial bone fractures

- Lawsuit filed by detainee claiming assault by police
Which version of events is correct: police or detainee’s?
Which version of events is correct: police or detainee’s?

- CT shows fractures extend back into the roof of sphenoid sinus @ tuberculum sella indicating high energy impact.
- This finding was overlooked in original radiologists report.
- No evidence of depression of frontal fracture - Extent of injuries rules out use of focal force by implement such as chair leg, baton or stick.
Depressed frontal fracture – inflicted by hammer blow
2009 Cases Reported to OCME
Manner of Death

Total Cases - 10236

- Natural: 6703
- Accident (Other): 1080
- Accident (MVA): 533
- Suicide: 562
- Homicide: 486
- Undetermined: 231
- Undetermined*: 641

* Undetermined Manner: Drugs/Narcotics
** Undetermined Manner: Other
### Medical Examiner Cases - 2009

#### Cause and Manner of Death

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<th>Homicide</th>
<th>Suicide</th>
<th>Accident</th>
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Search For Truth
MedicoLegal Death Investigation

- Scene
- Autopsy
  - A complete examination of the body, exterior and interior tissue, body fluids and clothes.
- Review of Medical Records
Accreditation

- OCME death investigation is accredited by the National Association of Medical Examiners
- OCME Toxicology is accredited by the American Board of Forensic Toxicology (certificate number 1)
120,000 square feet, 5 floors
- 22 autopsy stations
- CAT scan facility
- BL3 autopsy facility (six stations)
- Mass fatality triage and autopsy area
- Conference/EOC/Media briefing facilities
- Teaching facilities
Autopsy Room
Imaging Facility

Search For Truth
Third Floor
Toxicology
Fourth Floor

Search For Truth
“Madam, Please answer yes or no in as few words as possible”