





## Improving Access to Quality Medical Care Webinar Series

Presented by

Southwest Telehealth Resource Center and the Arizona Telemedicine Program



The Arizona Telemedicine Program, the Southwest Telehealth Resource Center & UA's Department of Pathology welcomes you to this free webinar. The practice & delivery of healthcare is changing, with an emphasis on improving quality, safety, efficiency, & access to care.

Telemedicine can help you achieve these goals!







## Webinar Tips & Notes

- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A, please use the Chat function to ask questions
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recordings will be posted on the SWTRC website

http://www.southwesttrc.org











# "Basics of Forensic Pathology"

Bruce Parks, MD

Assistant Professor, Pathology
University of Arizona







#### DEATH INVESTIGATION IN THE USA

#### Coroner system

- Oldest type
- Adopted from England dating back to 1200
- Derived from "Crowner", appointed by King to look out for the interest of the Crown to include holding inquests following deaths
- Governor of Virginia instructed to appoint coroners in 1624
- Physicians involvement solidified in the mid-1800s







#### DEATH INVESTIGATION IN THE USA

#### Medical Examiner System

- First medical examiners appointed in 1877 in Massachusetts
- AMA promoted the system in the mid-1900s
- Opposed by coroners
- Considered preferable by the National Institute of Justice (NIJ)







#### DEATH INVESTIGATION SYSTEMS

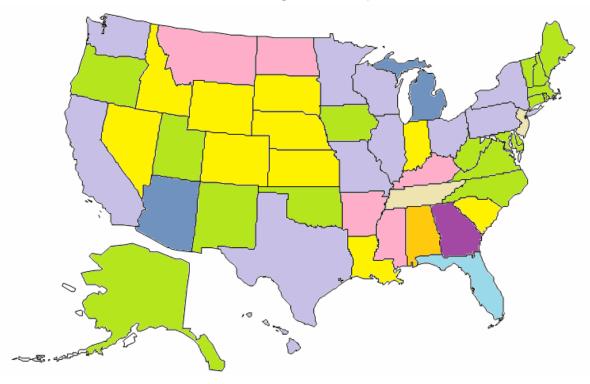
- Coroner
  - Elected official
  - Qualifications specified by law
  - May have no medical knowledge
- Medical Examiner
  - Appointed by government
  - Licensed physician, MD or DO
  - May or may not have forensic pathology experience







#### Death Investigation Systems: 2014



- Some counties have a medical examiner and many or most have a coroner.
- State Medical Examiner with coroners in each county
- State Medical Examiner with various types of non-coroner regional or local assistance
- State Medical Examiner assisting coroners in most counties, at least one autonomous county medical examiner
- District Medical Examiners (FL).
   Mostly state-funded district offices assisting coroners in most counties (AL).
- Medical Examiner (physician) in each county.
- Coroner in each county
- Regional offices administratively (but not operationally) overseen by person with title of State Medical Examiner (NJ, TN)

### PURPOSE OF DEATH INVESTIGATION

- Aid in the administration of justice
- Protect the public
- Assist the family







## FORENSIC PATHOLOGY

The subspecialty of pathology that deals with the investigation of deaths which are sudden and unexpected or are the result of violence







#### DUTIES OF THE DEATH INVESTIGATOR

- Document and interpret injuries and disease
- Prepare a report
- Identification
- Collect evidence
- Estimate the postmortem interval
- Determine and certify cause and manner of death
- Authorize cremation and organ and tissue donation requests
- Testify







## DEATHS UNDER THE MEDICAL EXAMINER'S JURISDICTION (ARIZONA)

- No doctor available to sign death certificate
- Violence
- Sudden and unexpected
- Threat to public health
- Prisoner or in a prison
- Suspicious, unusual, unnatural
- Related to occupation
- Related to medical procedure
- Unidentified









## IDENTIFICATION

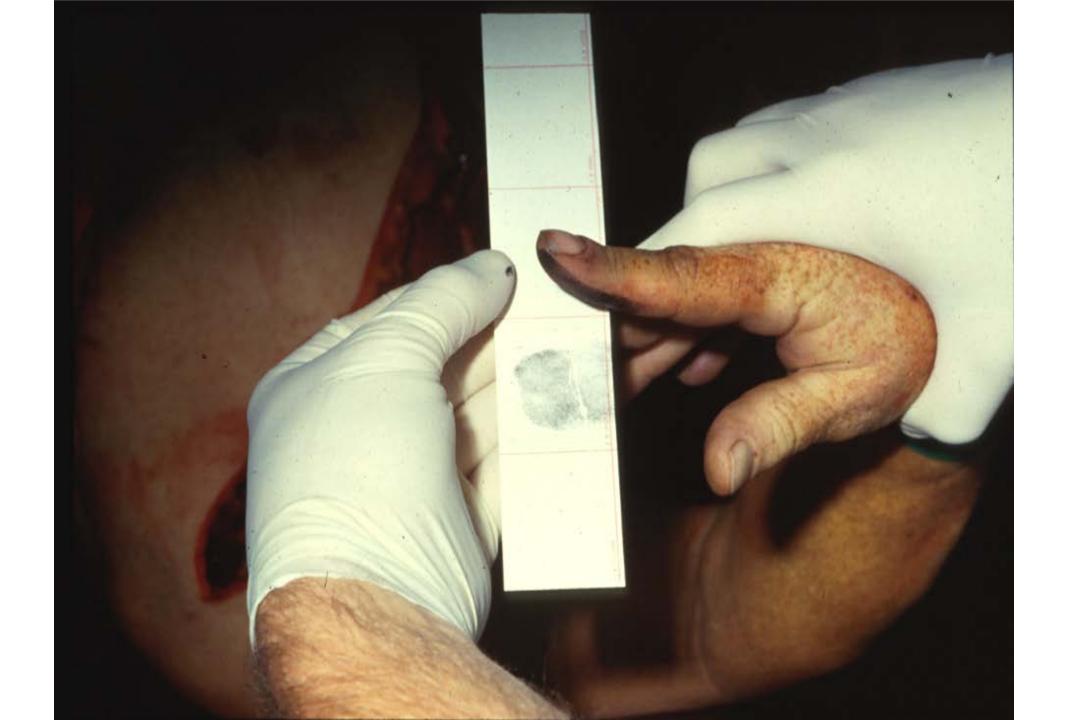
- Visual
- Fingerprints
- Radiograph comparison
- Dental charting
- DNA
- Circumstantial

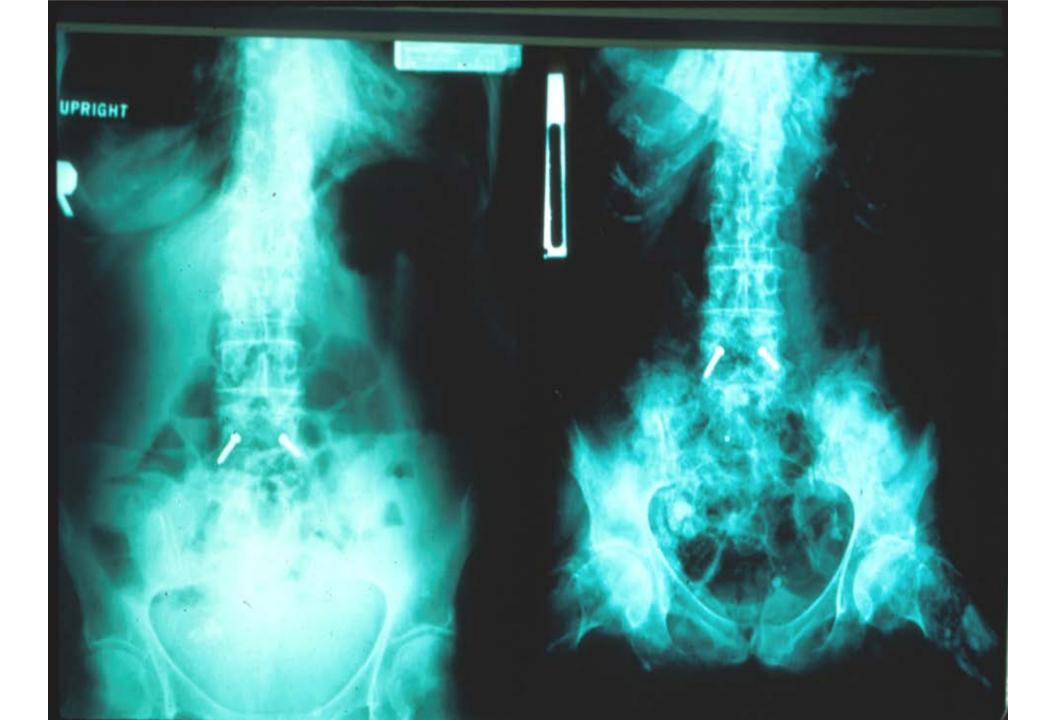












## IDENTIFICATION

- DNA testing
- Bone sample preferred in cases of decomposition
- Sample of bone retained if body released unidentified
- DNA database available
- Expensive



## AGING OF INJURIES

- Important to determine time injury occurred
- Useful for legal purposes







#### CONTUSION COLOR CHANGES

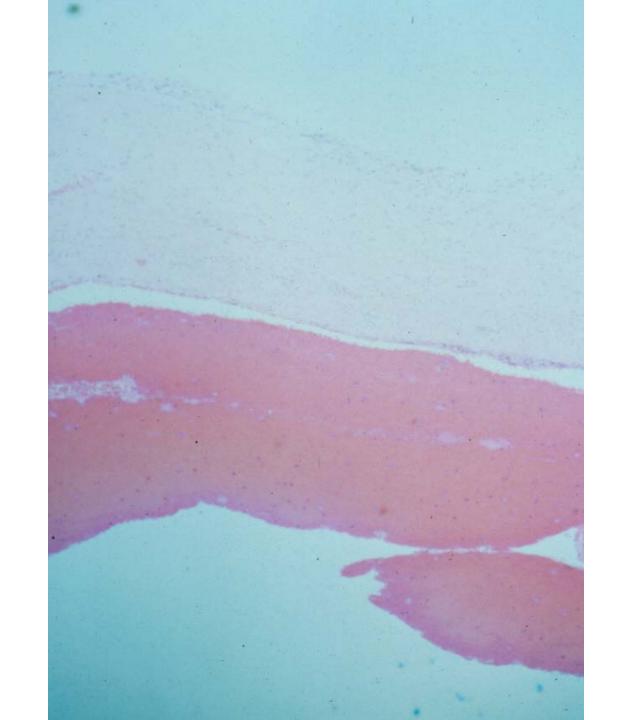
- Fresh blood appears purple to blue
- The color changes when extracellular hemoglobin in the tissues is broken down into various pigments
- Hemosiderin appears yellow to brown
- Biliverdine and bilirubin appear yellow to green

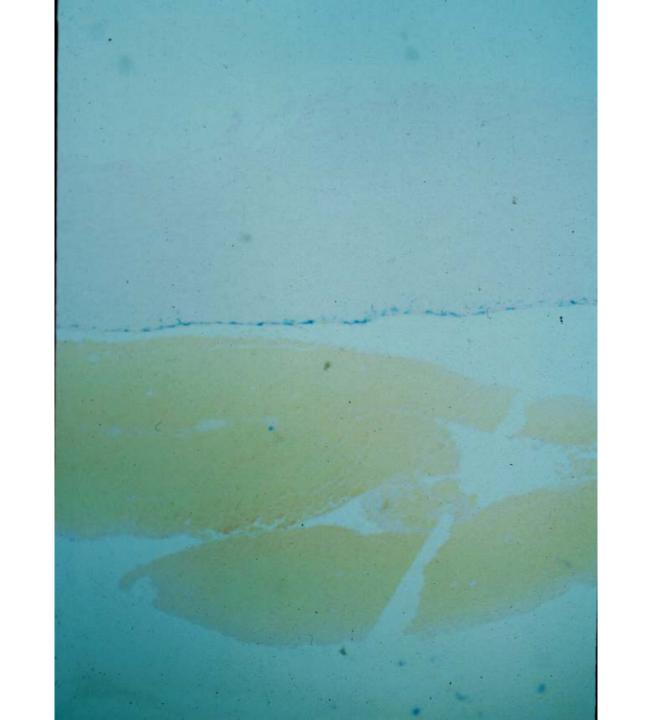






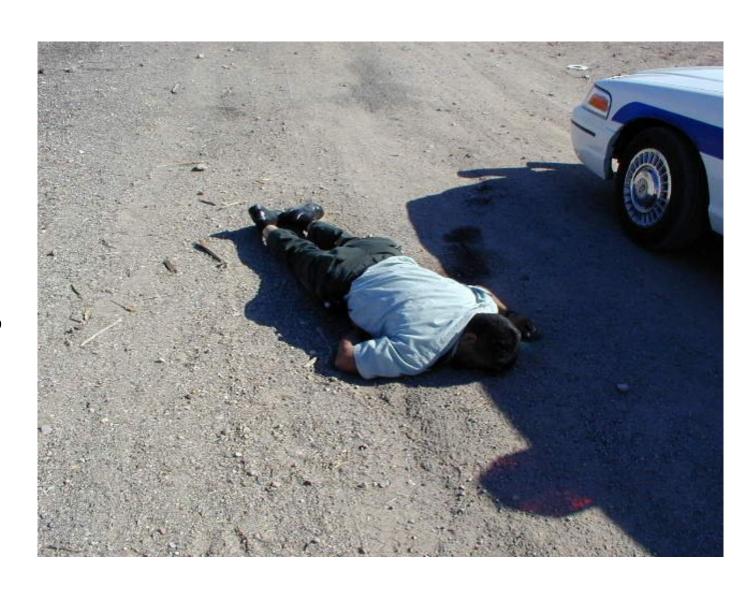






## ESTIMATING TIME OF DEATH

- Rigor mortis
- Livor mortis
- Temperature
- Vitreous electrolytes



### RIGOR MORTIS

- Postmortem chemical change in muscle; temperature dependent
- Muscle fibers become cross-linked and fused due to depleted ATP
- Muscle becomes stiff but fibers do not contract
- First noticed within 2 to 4 hours after death
- Maximum rigidity at about 8-12 hours
- Once maximum, remains for additional 12-24 hours



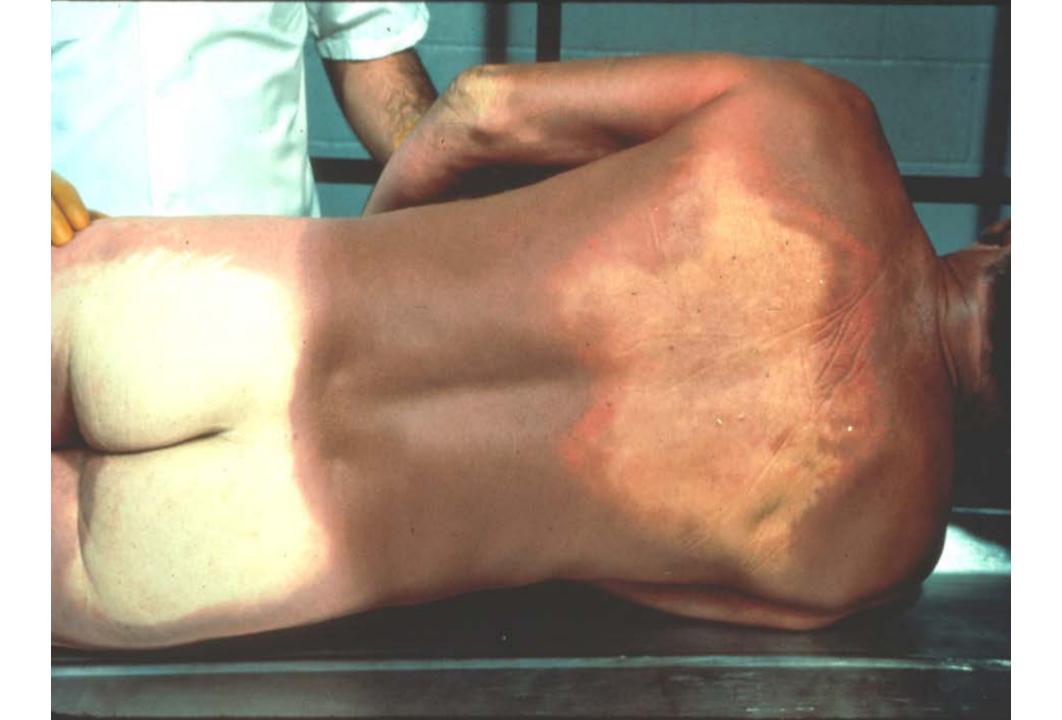




















## WOUND INTERPRETATION

- Blunt force trauma
- Sharp force trauma
- Gunshot wounds
- Thermal injuries
- Asphyxia















### EVIDENCE COLLECTION

- Clothing
- Hair, fibers, paint
- Swabs of mouth, genitalia, skin
- Photography







### ESTABLISHING THE (BEST) CAUSE OF DEATH

- May require a review of multiple sources including:
  - Gross autopsy findings
  - Microscopic findings
  - Scene investigation
  - Post mortem toxicology testing
  - Post mortem chemistry
  - Post mortem microbiology
  - Medical records
  - Eyewitness accounts







### THE AUTOPSY

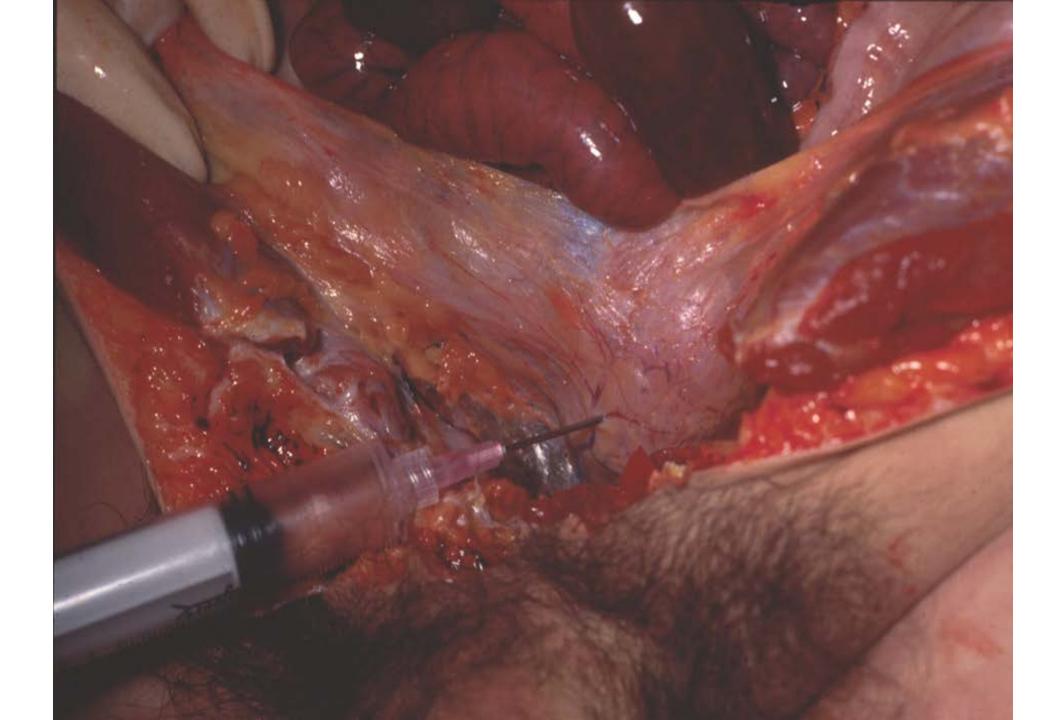
- Important part of the puzzle but not the only part
- Becoming rare in hospitals 50%
   in the 50's and 5% today
- Differences between medical examiner/coroner and hospital autopsies











# Part I of DC shall contain the disease sequence which directly resulted in the person's death

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ACCIDENT	PENDING	PLACE OF I	PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				54.	WHERE LOCATE	55. ED?		
51. SUICIDE	UNDETERMINED							57.			

### Cause of Death

The disease or injury responsible for initiating the lethal sequence of events. A competent cause of death should be etiologically specific







### Death Certification - Purposes

- Legal document certifying someone has died
- Vital statistics







## The death certificate is an opinion statement

### Death Certification Paradox

You don't have to know what precisely what killed the patient to certify the cause of death

Reasonable degree of medical certainty (more probable than not)

NOT

Beyond a reasonable doubt (100% certainty)







#### Mechanism of Death

- congestive heart failure
- arrhythmia
- asphyxia
- sepsis
- exsanguination
- renal failure

- hepatic failure
- respiratory failure
- cardiopulmonary arrest
   (not a cause of death; it is a description of being dead!!)

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Upper GI Bleed

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AUTOPSY (Specify Yes of No)

48.

A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)

ESOphageal varices

B. DUE TO OR AS A CONSEQUENCE OF:

Cirrhosis of liver

C. DUE TO OR AS A CONSEQUENCE OF:

Chronic alcoholism

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

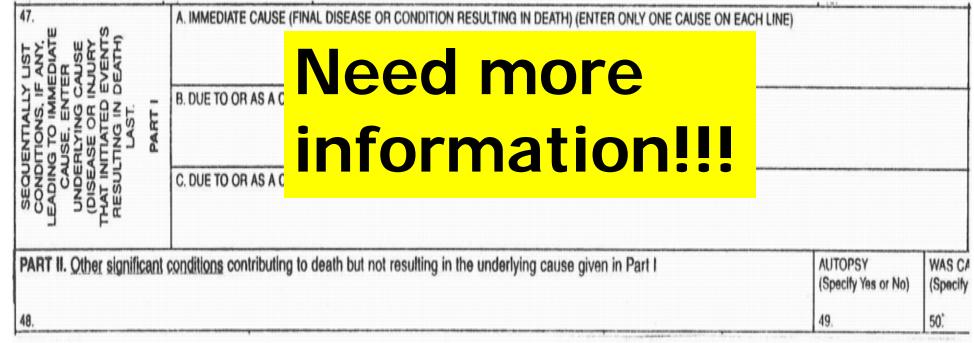
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