



DUTIES OF THE ASSISTANT MEDICAL EXAMINER

The following is provided as general guidelines for *Assistant Medical Examiners* to assist them in performing their duties. The most important thing to remember is that there is a staff forensic pathologist on-call at all times to assist you.

1. The *Assistant Medical Examiner (AME)* is not an employee of the Office of the Chief Medical Examiner of the State of Connecticut. The AME is regarded as a vendor (a consultant) who acts as the eyes and ears of the physicians at the Central Office of the Chief Medical Examiner located in Farmington.
2. The *Assistant Medical Examiner* is required to have a valid license to practice medicine and surgery in the State of Connecticut. The office cannot pay the licensure fees for the *Assistant Medical Examiners*. While you are functioning as an *Assistant Medical Examiner*, your professional actions are insured by the State of Connecticut under the principles of the "faithful servant".
1. The "practice" of the *Assistant Medical Examiner* is akin to a private medical practice, which needs to be nurtured. You should contact the local police, hospital practices and funeral homes to inform them of your availability. The OCME will send written notification of your appointment to the state's attorneys, police, hospitals, registrars and other AMEs who also cover the areas.
2. If the *Assistant Medical Examiner* is going to be unavailable for more than one day, the Office of the Chief Medical Examiner should be notified.
3. Information is the most important aspect of any death investigation and that is primarily the responsibility of the *Assistant Medical Examiner*. Interviews with family, police, treating physicians, and review of any appropriate medical record should serve as the source for any information included in the written report.
4. The second most important duty of the *Assistant Medical Examiner* is contact with the families of the deceased. If the local AME knows an autopsy is going to be performed, it is his/her responsibility to make a "diligent effort" to contact the families and inform them that a postmortem examination is to be performed at the Office of the Chief Medical Examiner.

5. Thirdly, it is important to make visits to scenes at where deceased individuals lay in order to document the nature of the death, the position of the body and the postmortem changes (livor, rigor and algor). If the *Assistant Medical Examiner* is unable to respond to a scene because of professional or personal conflicts, we ask that they call the Office of the Chief Medical Examiner. The *Assistant Medical Examiner* can gather the information via telephone and examine the body at his/her convenience over the next 24 hours.

REPORTABLE DEATHS:

The Office of the Chief Medical Examiner functions under a system of reportable deaths. Criteria for reporting a death are designed to be broad, overlapping and inclusive (about half the deaths that occur in this state are "reportable"). If a case is "reportable", it must be reported. Anyone who has knowledge of a reportable case is a mandated reporter. All reported cases are given a case number and a permanent record is kept of that fact and how the disposition was made.

However, just because a case is reportable does not mean that an autopsy is performed, nor does it mean a Medical Examiner Death Certificate (grey/white) is to be issued. Approximately one-third of the cases reported to the Office of the Chief Medical Examiner are reported for one or more of the following criteria but are returned to the private practitioner for certification (pink/white death certificate).

The following deaths are "reportable":

1. Resulting from or related to:
An accident, homicide or suicide, including but not limited to, death from physical, chemical, thermal, electrical or radiation injury.
 - a. Poisoning, drug abuse or addiction.
 - b. Criminal abortion – whether apparently self-induced or not.
 - c. Diseases which might constitute a threat to public health.
 - d. Diseases resulting from employment.
 - e. Sudden infant death syndrome.
2. Death occurring suddenly and unexpectedly, not caused by readily recognized disease and including deaths occurring:
 - a. Unattended (any death that occurs outside of the hospital).
 - b. On arrival (D.O.A.'s) or within 24-hours of admission to hospital, including stillborn infants.
 - a. Under anesthesia, in an operating room or recovery room, following transfusion or during diagnostic or therapeutic procedures.

In any instance in which death occurs under any of these circumstances, the death must be reported to the Office of the Chief Medical Examiner, regardless of the length of time between the event and death. Any person who has knowledge of a death must report it.

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3. Deaths in which the body is to be cremated.
4. If you or anyone who is consulting you is unsure whether or not a death should be reported, the death should be reported and a case number assigned. It is always preferable to assign a case number to a death, have a decision by the OCME physician on-call and return the jurisdiction to the private physician than to try to get the case reported and assume jurisdiction after the fact.

CASES WHICH WILL REQUIRE AN EXAMINATION AT OCME:

1. All homicides or suspected homicides.
2. All deaths in police custody.
3. All drivers.
4. All passengers.
5. All pedestrians.
6. All gunshot wounds.
7. All deaths where drugs or alcohol are suspected to be the cause of death.
8. All deaths at the work place.
9. All deaths of children less than 12 months of age.
10. All hangings.
11. All carbon monoxide poisonings.
12. All suspicious deaths.

HOMICIDES:

All homicides or suspected homicide cases will have an autopsy examination at the Office of the Chief Medical Examiner regardless of the time between injury and death (seconds, minutes, years or decades).

The *Assistant Medical Examiner* may participate in the scene investigation but an *Assistant Medical Examiner* cannot sign a death certificate where "Homicide" is the "Manner of Death".

SUICIDES:

Almost all suicides come to the Office of the Chief Medical Examiner. If the staff medical examiner on-call feels that the deceased does not need to be brought to the Office of the Chief Medical Examiner (the most common reason is that the deceased has been hospitalized or sufficient laboratory data has been obtained to establish a reasonable cause of death with the appropriate circumstances), the forensic pathologist will instruct the *Assistant Medical Examiner* on the wording of the death certificate.

Suicide notes are treated as evidence. Families can get copies from the police. A copy of the note should be sent to this office. All trace evidence is collected and secured by the local police department who then will send it to whatever laboratory they feel can provide the information needed. The only biologic material we have jurisdiction over is related to postmortem toxicology.

ACCIDENTS:

Essentially all traumatic deaths are brought to the Office of the Chief Medical Examiner. However, there may be instances when the physician on-call feels that it is not necessary for whatever reason (e.g. hospital stay, the family is objecting to an autopsy examination). We may defer and have the *Assistant Medical Examiner* sign the death certificate. Death certificates with a traumatic cause of death are not natural and the wording for "Cause of Death" and "Manner of Death" should be discussed with the forensic pathologist on-call.

NATURAL DEATHS:

Most natural deaths will be signed out by the *Assistant Medical Examiner* after a thorough investigation and discussion with the on-call physician at OCME. These would include deaths where there is no private physician, deaths in the work place that are clearly natural and it is felt that an autopsy examination is not required, and intraoperative deaths where there has been no suggestion of misadventure.

SCENARIOS:

A) NO-CASE:

A "no-case" designates that the death has been reported to the Office of the Chief Medical Examiner under one of the criteria described above. The death must be a natural death and there must be a private physician to certify the death. In these cases, the *Assistant Medical Examiner* or forensic pathologist may "decline jurisdiction" and make the death a "No Case".

There are some deaths, which are obviously natural deaths and are obviously under the care of a physician, which by default, come under the jurisdiction of the Office of the Chief Medical Examiner. For example, staff physicians of United States Veterans Administration Hospitals do not sign death certificates on patients who die outside of the facility. There is absolutely no appeal to this. Therefore, if the patient dies of natural disease and has received primary care from the Veterans Administration, the *Assistant Medical Examiner* must sign the death certificate.

Similarly, there are people who die of natural disease whose physicians are licensed in another state but not licensed in Connecticut. These situations crop up around our borders. In these cases, the death certificate must be signed by an *Assistant Medical Examiner*.

Occasionally private physicians, who are licensed in Connecticut, are not available because they are out of state, or a considerable distance from where the person died. There are also a small number of physicians who simply refuse to sign their death certificates. In these situations, every effort should be made to encourage the private physician to fulfill his/her duty to their patient. However, the Office of the Chief Medical Examiner will not stand by and allow misbehavior on the part of a private physician to unduly interrupt the family's funeral plans or other needs surrounding a death. In some of these situations, it will be appropriate to have the *Assistant Medical Examiner* sign the death certificate. In such cases the pathologist on-call should be consulted before assuming jurisdiction and signing the death certificate.

Occasionally you may be asked to investigate the circumstances surrounding an individual's death that may take some time until you actually discover that a private physician exists that is available to sign the death certificate. Unfortunately most of these cases cannot be billed. There may be circumstances, however, where a significant amount of investigation has occurred and with consultation of the forensic pathologist on-call, a medical examiner's death certificate may be signed and an invoice submitted. On rare occasions we may ask that a report be submitted even if a private sector death certificate has been issued. Consult with the pathologist on-call in these situations.

B) CREMATION:

Cremation as a means of disposal of human remains is becoming increasingly popular. Cremation certificates are required for the cremation of all bodies in which either a fetal death certificate or a regular death certificate (private sector or medical examiner) has been issued. A body must be examined and the circumstances surrounding that individual's death must be looked into prior to the permanent disposal of these remains. The funeral director must have a cremation certificate, signed by a medical examiner, in order to obtain a cremation permit that is required by the crematorium.

If a Medical Examiner Death Certificate has been issued, the cremation certificate should be issued by the same medical examiner. *Assistant Medical Examiners* should not issue cremation certificates on cases examined at the Office of the Chief Medical Examiner unless specific arrangements are made in advance with the doctor on-call.

Fetal death certificates are not required on stillborn infants under 20-weeks gestation (or under 500-grams if an accurate history of gestational age is not available). On rare occasions a family may request that such a stillborn infant be buried in a registered grave or cremated. In these cases a fetal death certificate will be required. If the obstetrician is not willing to provide a fetal death certificate, the *Assistant Medical Examiner* may do so. The side of the fetal death certificate should be annotated "Less than 20 weeks gestation, certificate issued for burial (or cremation) purpose only". Similarly, families will sometimes request the body of a stillborn infant over 20 weeks be cremated. In such cases, a cremation certificate is required as well as the fetal death certificate. The fetal death certificate should be obtained from the obstetrician and the cremation certificate issued by the *Assistant Medical Examiner*. A brief ME Report form should be submitted.

Cremation certificates for stillborn fetuses less than 20-weeks gestation do not come under the legal mandate of the Office and are provided as a courtesy. The estate should not be charged for the Office of the Chief Medical Examiner services in these cases. For stillborn fetuses over 20-weeks gestation, the cremation fee (currently \$75) must be charged. Unfortunately, there are no statutory or regulatory allowances to waive the fee. For these situations in less than 20-weeks gestation stillborns, we personally ask that the *Assistant Medical Examiners* provide these services on a pro bono basis.

Live born babies under 20-weeks gestation require both birth and death certificates.

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Please remember that the purpose of cremation examinations is to identify cases that should be brought into the medical examiner system for various reasons (usually because the death is traumatic in origin). The goal is to see to it that the examinations and/or certification by the Office of the Chief Medical Examiner is properly performed **before** the cremation permit is issued and most especially before the cremation occurs. Most common situations are those in which people die of the delayed complications of traumatic brain injury, spinal cord injury or fractures of the hip. For whatever reason, the primary physician does not realize that the case should be reported to the medical examiner and signs a civilian death certificate. When such situations are identified, a cremation certificate should not be issued until such time as the proper death certificate has been previously or simultaneously issued. Consultation with the on-call pathologist is strongly urged in these situations.

Cremation Investigation Procedures:

1. Once authorization is received by the Office of the Chief Medical Examiner in Farmington, make arrangements with the funeral home to **view the body** at the facility or at the hospital prior to the body being removed.
2. Contact the certifying physician as soon as possible to ascertain the clinical history and the fact that no trauma is associated with the death. If the death certificate is clearly inaccurate and trauma is associated with the death that had not previously been reported, then a medical examiner's death certificate is required. Consult with the on-call physician at OCME. The pink (private sector) death certificate should be voided and forwarded to this office with your report.
3. Examine the body and if there is no evidence of injury that is not fully explainable by the cause of death indicated on the death certificate, then a cremation certificate may be signed. If the examination reveals questions that cannot be answered by reviewing the death certification, a "hold" can be placed on the cremation and further investigation by the *Assistant Medical Examiner* or contact with the Office of the Chief Medical Examiner can be made for further deposition.
4. Once you are satisfied that there is no further need of the body, you may sign and issue the cremation certificate (green form VS-47). No check needs to be collected unless the cremation is for an out of state funeral home. All CT. funeral homes are automatically billed for the cremation fee.
5. Complete the ME Report form indicating the history with the basic demographics and the important words, "No trauma noted historically or on examination."
6. **It is vitally important that you complete these reports in a timely fashion** and send them along with the check from the funeral director(if applicable) to the Office of the Chief Medical Examiner expeditiously. The State Auditors, which review our records every two years, look with great disfavor either on checks being retained or reports/billings being delayed for prolonged period of time. Also, virtually all banking institutions refuse to process checks 120 days after issue. Such "stale" checks cause a great deal of

embarrassment and extra work for our staff and for the funeral home involved. Every effort should be made to avoid this. ME Reports and cremation checks should be forwarded to this office within a 14-30 day window from the date you performed the service.

C) SCENE INVESTIGATIONS:

When an *Assistant Medical Examiner* responds to a scene, information is recorded, such as the demographic, the address of the deceased if different from the address of the death, the identification of the person who pronounced the person dead. The person who determines death does not have to be a physician, and can be a RN, paramedic/EMT or police officers so trained. Gather as much data about the circumstances as possible, including important information such as when the person was last reliably known to be alive and when they were found dead and whether they were taking any medications. Describe in general terms the position of the body and if the postmortem changes (rigor and livor) are appropriate for that position. Describe any identifying factors such as age, race, sex, height, weight, tattoos or needle tracks. If the death is the type requiring a postmortem examination at the Office of the Chief Medical Examiner, it is not necessary to examine the body and the words "See autopsy report" are sufficient for that area of the ME Report form.

D) HOSPITAL DEATHS:

The ME-103 Hospital Report of Death is filled out by the admitting or medical records department of the hospital and the treating physician. Additional information on the ME Report form is filled out by the assistant medical examiner, including a brief description of the body. If possible, indicate the hospital medical record number under the informant box. If this information could be communicated it would be of great value for future investigation or in obtaining medical records.

ME Report forms should be sent to the Office of the Chief Medical Examiner with the invoice in an expeditious fashion.

SERVICES:

The Office of the Chief Medical Examiner, by statute, has jurisdiction over all sudden, unexpected and traumatic deaths in the State of Connecticut. The *Assistant Medical Examiner* is not bound by any specific geography and may cover multiple towns and even counties. **Please advise this office of your availability and geographic range.**

The Office of the Chief Medical Examiner also offers Clinical Forensic Pathology Consultations. If police or other agencies require an examination or photographs of a live individual, several of the staff forensic pathologists are willing and capable of documenting the injuries and correlating a particular scenario with those injuries to answer specific questions.

Occasionally local police officers will have a question as to whether some biologic material is human or non-human. We encourage the police to bring that material to the Office of the

Chief Medical Examiner for our examination. A case number will be assigned and a permanent record is retained. Most of the time the local medical examiner is capable of answering these questions; however, we find that if this material is not disposed of by us, it may turn up again in the same or another jurisdiction by another reporting agency.

DEALING WITH THE MEDIA:

The policy of the Office of the Chief Medical Examiner is that the investigation information related to an individual's cause and manner of death is treated as a medical record. Regulations of the Commission of Medicolegal Investigations clearly state that many people have access to the records (next-of-kin, treating physicians, state's attorneys and public defenders, any criminal or civil attorney involved in litigation involving the death, local, state and federal police departments and other investigative agencies, and insurance companies involved with the death). Because the death certificate is a public document, the print, audio and visual media should have access, in a timely fashion, to whatever has been placed on the death certificate. Individual details about findings from an examination, and any laboratory tests that are not to be placed on a death certification are confidential (Connecticut State Supreme Court, Galvin v. Connecticut FOI, 1986). In general, it is preferable to refer all media inquiries directly to the Central Office.

DEATH CERTIFICATES:

The death certificate is the single most important document we produce. Not only is it used for a wide variety of both legal and social purposes, it is frequently the first and only document representing our office that the next of kin and other interested parties come in contact with. There are three kinds of death certificates used in this state: fetal, civilian (private sector) and medical examiner.

Fetal death certificates are used for stillborn infants. If the infant, regardless of gestational age or size, is live born, it must have both a birth certificate and a death certificate. If the infant is stillborn and over 20-weeks gestation by history, a Fetal Death Certificate must be issued. If the gestational age cannot be determined accurately, it is appropriate to estimate the gestational age by weight. Specifically, if the gestational age is not known or cannot be properly estimated, and the fetus weighs over 500 grams, it is assumed that the gestational age is greater than 20-weeks and a fetal death certificate will be signed. If the gestational age is not known and the fetus weighs less than 500 grams, it is assumed that the gestational age is less than 20-weeks and a fetal death certificate will not be issued.

There are two types of death certificates: the VS-4 (regular, civilian, private sector or pink death certificate) and the VS-4 ME (Medical Examiner or gray death certificate). Civilian death certificates (VS-4) are used for non-medical examiner cases. The vast majority of assistant medical examiners have occasion to issue the VS-4 certificates as part of their private practice. *Assistant Medical Examiners* are required to issue the VS-4 ME certificates in medical examiner cases.

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Under no circumstances should a civilian (VS-4) death certificate be used for medical examiner purposes or should a medical examiner (VS-4 ME) death certificate be used for civilian purposes.

The medical examiner death certificate has boxes, which are shaded gray. The Office of the Chief Medical Examiner and the AME has responsibility for filling out all the gray areas.

The cause of death should concentrate on the underlying disease processes and not on the fatal mechanism (i.e., occlusive coronary arteriosclerosis is an appropriate cause of death; cardiac dysrhythmia is not).

The manner of death section is peculiar to medical examiner death certificates. It does not appear on the civilian death certificate. Box #44 should be filled out in all cases with either "natural", "accident", "suicide", "homicide" or "undetermined". For all practical purposes, cases in which it is appropriate to put "homicide" or "undetermined" in this box will be handled at the central office.

If "natural" is entered in box #44, boxes #45-51 should not be filled out. If "suicide" or "accident" is entered in box #44, boxes #45-51 must be completed.

The date of injury section (#45) should be the date on which the person was injured; the time of injury (#46) needs only to be either "a.m." or "p.m." Box 50, how injury occurred, should be succinct as possible and limited to such terms as "fall", "passenger in two vehicle collision", etc. Place of injury (#47) should be a general description of the location, such as roadway, yard, residence, etc. Location (#48) is normally a street address if in a building or the name of the street if on a roadway, as well as the town, state and zip code, if you know it.

It is important that all appropriate boxes be filled out. In situations where "accident" or "suicide" is entered in box 44 and boxes 45-51 are left blank the death certificate will be referred to the Chief Medical Examiner for amendment. Ideally, this should occur as infrequently as possible. The sections labeled "approximate interval between onset and death" are traditionally not filled out on medical examiner's death certificates.

Abbreviations should not be used on death certificates, except for recognized abbreviations in street addresses, such as "Rd." for road or "CT" for Connecticut or recognized academic titles such as "MD" or "DO". Abbreviations for disease processes, even widely accepted ones such as ASCVD, are in truth colloquialisms, which arose in the hospitals in which we did our residency. Because of this there is no universally recognized standardization. Writing out terms rather than using abbreviations obviates any possibility of misinterpretation.

The importance of properly completing a death certificate cannot be stressed enough. Every effort should be made to make the death certificate as legible as possible. Whenever available, a typewriter is preferable to handwritten entries.

ME REPORT FORMS (<http://www.state.ct.us/ocme>):

Like death certificates, the Report of Investigation/ME-102 and Hospital Report of Death/ME-103 are official documents and extremely important. Every effort should be made to be clear, succinct and legible. Again, typewritten documents are preferable to handwritten. As in death certificates, abbreviations should be scrupulously avoided. You should also bear in mind that these will be official records and are subject to copying and distribution to any one who has a right to a copy of the autopsy report. Because of this, editorialization and blame placing (infrequent but unfortunately all too common a practice) should be assiduously avoided. Please relate only factual information as gleaned from your investigation. It is important to relay as much information as possible. Entries into the ME Reports are subject to the same or more intense review than entries made in hospital charts and should be approached with the same degree of care and professionalism.

INVOICES:

The invoice form requires your name, address, and tax identification or social security number. On the upper right hand side is a place where a personal identifier of your own can be entered (that will be printed on the check). A sample of a properly completed invoice is attached. This allows for you to match the checks you get with the invoices that go with them. Occasionally your total and the check total may not necessarily agree due to errors or the occasional disallowance of a particular charge. Mileage can be charged at the currently approved rate as well as such things as phone calls. Please be advised that losses related to death investigation such as shoes or clothing cannot be paid by the Office of the Chief Medical Examiner.

CONFLICT OF INTEREST:

Concepts of conflict of interest in the public sector are not always intuitively obvious to those whose business has traditionally been in the private sector. The following is provided for your guidance.

- a. Private patients – on occasion you will be asked to perform the functions of an *Assistant Medical Examiner* and find out that the deceased is one of your private patients. These cases should be referred to another *Assistant Medical Examiner* for processing. This is readily done in areas where there are multiple *Assistant Medical Examiners*. Sometimes you will need to refer this to the pathologist on-call for resolution. The most common situation will be a private patient who has died under reporting criteria, usually dead on arrival or at home. The “no case” designation needs to be made before you can sign the death certificate in your capacity as a private physician. This can easily be done by the pathologist on-call at the start of the next business day if appropriate. If one of your patient dies of traumatic injury, the body will, in the vast majority of cases, be transported to the Office. Special considerations and special situations should be discussed with the doctor on-call.
- b. Hospital pathologists – several *Assistant Medical Examiners* are anatomic pathologists. They should not function as an *Assistant Medical Examiner* on cases in which they are performing a consent autopsy. In all cases in which a consent autopsy is performed, it

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is assumed that the cause of death is non-traumatic prior to the start of the autopsy. Connecticut law allows the prosecuting pathologist to sign a death certificate in his/her capacity as an attending physician when he/she performs a consent autopsy. This should be done on the private sector/civilian (VS-4) death certificate. A medical examiner death certificate should not be used.

On rare occasions, previously unanticipated traumatic cause of death will be discovered during the course of a consent autopsy. Such cases should be referred to the pathologist on-call as soon as the situation comes to light. In all cases, another *Assistant Medical Examiner* or Office pathologist will complete the death certificate.

- c. *Assistant Medical Examiners* are occasionally asked by lawyers to consult and/or testify in either civil or criminal matters. It is always best to refer these matters to the forensic pathologist who did the examination at the Office of the Chief Medical Examiner. As a vendor offering services to the Office of the Chief Medical Examiner, your obligation to this office is complete when you have submitted your report, it has been accepted and you have been paid. Therefore, you are free to enter any usual professional relationship you feel appropriate when consulting for an attorney or testifying in court. Specifically, you are free to bill those attorneys a reasonable charge for your consultation or time for court appearance.

Any questions or concerns regarding conflict of interest or ethical guidelines for state service should be referred to the Chief Medical Examiner.

MOST IMPORTANT:

A Forensic Pathologist is always available at the Office of the Chief Medical Examiner. CALL EARLY – CALL OFTEN and insist on speaking directly with the physician on-call to discuss any aspect of the case, especially the wording of the death certificate.

Visit our website: <http://www.state.ct.us/ocme>

1-800-842-8820 (toll-free in Connecticut)

1-(860) 679-3980 (local area)

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and

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