


Understanding the Role of Medical Examiners in North Carolina

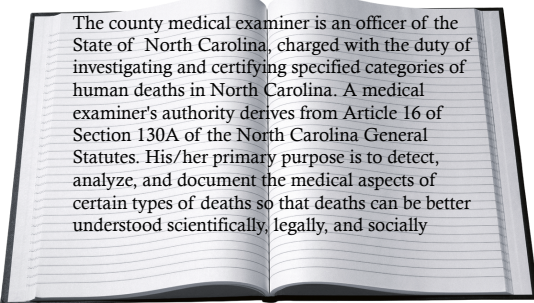
Duties and interaction with the local health departments and registrar

Jacque Perkins RN, CCM, SANE-A & P, ME 

Overview

- ◆ Define & discuss the role of the Medical Examiner in NC.
- ◆ What types of referrals are made and how is it determined who is autopsied?
- ◆ Discuss the paperwork requirements for exam and reporting purposes.
- ◆ Discuss the relationship of the ME to the OCME, county & state Vital Stat/Registrars and the Health Departments.


Definition



The county medical examiner is an officer of the State of North Carolina, charged with the duty of investigating and certifying specified categories of human deaths in North Carolina. A medical examiner's authority derives from Article 16 of Section 130A of the North Carolina General Statutes. His/her primary purpose is to detect, analyze, and document the medical aspects of certain types of deaths so that deaths can be better understood scientifically, legally, and socially

Deaths reported to ME

- ◆ Homicide
- ◆ Suicide
- ◆ Accident
- ◆ Trauma
- ◆ Disaster
- ◆ Violence
- ◆ Unknown, unnatural or suspicious circumstances




Deaths reported to ME continued

- ◆ In police custody, jail or prison
- ◆ In state-operated mental health facilities
- ◆ Poisoning or suspicion of poisoning
- ◆ Public health hazard (such as acute contagious disease or epidemic)



DITTO, DITTO

- ◆ Deaths during surgical or anesthetic procedures
- ◆ Sudden unexpected deaths not reasonably related to known previous disease
- ◆ Deaths without medical attendance



And also we.....

- Consult with law enforcement agencies on all relevant deaths.
- May have to investigate a death after the body has been buried or cremated.
- Prepare the death certificate & report of investigation

New office
OCME

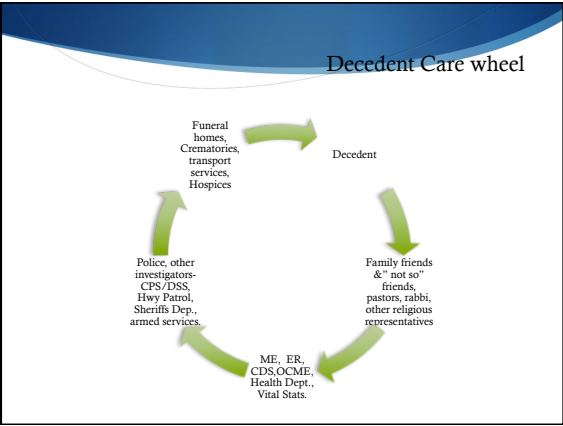
Tim McNeal
Dr. Radisch
Jacque Perkins
Rick Miller



Once ME determines the body is under ME jurisdiction...

- The ME must personally view every dead body over which he/she assumes jurisdiction.
- Obtain a medical and social history to help explain the cause and manner of death.
- ME does external exam if not sent for autopsy.





NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE STATE MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY

DECEDENT: First Middle Last Initial

RESIDENCE: Number and Street City State County

AGE: SEX: ☐ Male ☐ Female ☐ Unknown

RACE: ☐ Black ☐ Native American ☐ Oriental ☐ White ☐ Unknown

HISPANIC ORIGIN: ☐ Yes ☐ No ☐ Unknown

INFORMATION ABOUT OCCURRENCE

DATE TIME ADDRESS OR FACILITY COUNTY

ORDER OF DEATH: ☐ Suicide ☐ Homicide ☐ Unknown

VIEW OF BODY: ☐ Scene of death ☐ Hospital ☐ Funeral home ☐ Home (if not listed)

ME NOTIFIED: ☐ Yes ☐ No

OFFICER: ☐ Yes ☐ No ☐ Unknown

DEATH OCCURRED WHILE IN CUSTODY: ☐ Yes ☐ No ☐ Unknown

AUTOPSY: ☐ None ☐ M.E. Authorized ☐ Non-M.E. Autopsy facility: ☐ Yes ☐ No ☐ Unknown

BLOOD SAMPLE: ☐ None ☐ Obtained by pathologist ☐ Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____

PROBABLE CAUSE OF DEATH: ☐ Pending

1. _____

2. _____

3. _____

4. _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending

I certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 14 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

OCME 111 (Revised 10/05)
Revised/Revised Version: _____

Signature of Medical Examiner _____ Date _____ County of Appointment _____ M.E. Number _____

ME
Report of
Investigation

3 pages long

Prepared and sent
Within 14 days to
the OCME.

MEDICAL HISTORY

☐ Alcoholism ☐ Diabetes ☐ IV drug abuse ☐ Ischemic heart disease ☐ Smoking

☐ Seizure disorder ☐ Cancer ☐ Hypertension ☐ Depression ☐ HIV/AIDS

☐ Other _____

MEANS OF DEATH

☐ VEHICLE: Type of vehicle associated with this decedent: ☐ Passenger car ☐ Pickup truck ☐ Truck more than 1 axle ☐ Motorcycle ☐ Bicycle ☐ Farm vehicle ☐ ATV ☐ Moped ☐ Other _____

☐ POSITION: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown

☐ DEVICES: ☐ Seat belt ☐ Air bag ☐ Helmet ☐ Child restraint ☐ None ☐ Unknown

☐ NUMBER OF VEHICLES INVOLVED: _____

☐ GUN: ☐ Rifle- caliber _____ ☐ Shotgun- Gauge _____ ☐ Other _____

☐ INSTRUMENT: ☐ Blunt ☐ Sharp ☐ Description: _____

☐ TOXIC AGENTS: ☐ Prescribed ☐ Alcohol ☐ Other: _____

☐ DROWNING: ☐ Pond ☐ Lake or river ☐ Ocean ☐ Pool ☐ Bath tub ☐ Other _____

☐ FIRE: ☐ Supposed cause _____ ☐ Smoke detector: ☐ Yes ☐ No ☐ Unknown

☐ FALL: From _____ to _____ Approximate distance _____ feet

ACTIVITY OF DECEDENT AND PREMISES

☐ FATAL INJURY: Activity _____ Type of place _____ Specific location _____

☐ OR ILLEGAL: ☐ Yes, was employment ☐ Primary job ☐ Secondary ☐ Volunteer work ☐ Unknown

☐ Name of this employing firm or agency _____

☐ Type of business or industry _____ Decedent's occupation _____

☐ DEATH: Type of place _____ Specific location _____

☐ Examples: Running, being hit by train, snake, falling from, diving, commercial truck, sleeping, walking, swimming, fighting, etc.

☐ Type of place: Home, apartment, mobile, school, jail, bar or tavern, hotel, restaurant, auto, street, hospital, farm, highway, ferry, etc.

☐ Specific location: Bathroom, laundry, law, kitchen, living room, office, parking lot, emergency room, hospital, wilderness, bar, etc.

☐ On the job: Any activity that is occurring, regardless of type of decedent including leaving or not one such, also include the reason for leaving, otherwise or clearly state.

DESCRIPTION OF BODY

☐ CONDITION: ☐ Intact ☐ Decomposition ☐ Suffocation ☐ Exhumed

☐ RIGOR: ☐ None ☐ 1+ ☐ 2+ ☐ 3+ ☐ LEVOR: ☐ None ☐ Anterior ☐ Posterior ☐ Lateral

☐ HEIGHT: _____ inches ☐ Estimate ☐ WEIGHT: _____ pounds ☐ Estimate

☐ BODY TEMPERATURE: ☐ Warm ☐ Cool ☐ Cold ☐ HAIR: Color _____ ☐ Beard ☐ Moustache

☐ EYES: Color _____ Abnormalities _____

☐ TEETH: Upper ☐ Natural ☐ Dentures ☐ Abnormalities _____

☐ Lower ☐ Natural ☐ Dentures ☐ Abnormalities _____

☐ CLOTHING: _____ ☐ Not clothed

☐ VALUABLES: _____ ☐ No valuables

Measure
Photograph
Question findings
Abuse/injuries
Not consistent
With story


BODY DIAGRAMS

Indicate nature and location of wounds and other lesions (scars, tattoos, medical surgery, etc.) on these diagrams.

[illegible]

Who should be evaluated for autopsy?

- ◆ All homicides and suspected homicides.
- ◆ Suspected drug related deaths.
- ◆ Hit and run accidents.
- ◆ Victims lying in roadway or railroad tracks.
- ◆ Aircraft crashes-pilots and crew

A black leather duffel bag with a gold-colored metal clasp, positioned on the right side of the slide.

Who should be autopsied? Continued.....

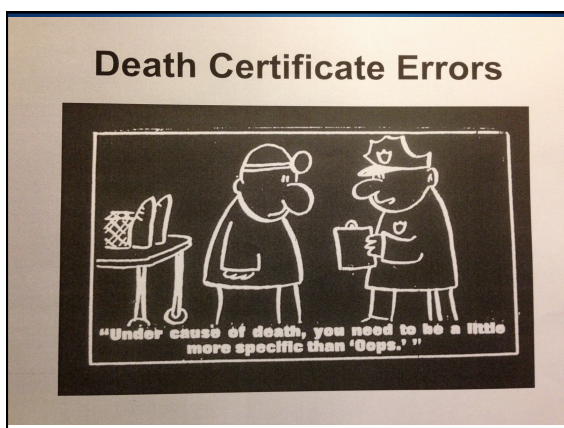
- ◆ Sudden unexpected deaths where the decedent does not have a well documented illness that would explain death.
- ◆ Suspicious or contested suicides.
- ◆ Accidental deaths where the observable injuries do not appear sufficient to explain death or seem inconsistent with the alleged "accident"

Continued who should be autopsied?

- ◆ Possible public health hazard.
- ◆ Law enforcement insistence.
- ◆ Badly burned charred bodies where ID may be an issue.
- ◆ Skeletonized remains
- ◆ Badly decomposed remains
- ◆ Reasonable suspicion that trauma may have been the cause or a contributing cause.
- ◆ Apparently natural deaths in known alcoholics and drug abusers.
- ◆ Travelers, vacationers, convention attendees, workers, students

Interaction with County Registrar/vital stats office

- ◆ Local vital stats/record offices are located in County Health Departments.
- ◆ Local registrars review death certificates from all parties for completeness and compliance with NC State Death Registration Guidelines.
- ◆ Correct errors prior to sending to the State to be registered.
- ◆ If error is missed and needs to be corrected after the fact very \$.
- ◆ Refer for review to the ME any medical death certificate that they deem possibly should have been ME case.



- A decedent is referred to the ME because he/she did not have a primary care physician.
- Our investigation may reveal that the decedent did at one time attend the county clinic (family planning, STD).
- ME's participate in Health Department tasks force/committees: Guilford County Child fatality review team and Child trauma task force.

Reflection: Caring for the dead

- ◆ “Show me the manner in which a nation or community cares for it’s dead, and I will measure with mathematical exactness the tender sympathies of it’s people, their respect for the laws of the land, and their loyalty to high ideals. (Gladstone)

Contact information

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