OME JURISDICTION

- Defined in Section 26-4-7
  26-4-7 (1) Deaths due to violence, gunshot, suicide or accident

OME JURISDICTION

Suicide defined as “death caused by an intentional and voluntary act of a person who understands the physical nature of the act and intends to accomplish self-destruction”

OME JURISDICTION

- 26-4-7 (2) Sudden death while in apparent good health
  - Majority of cases investigated by OME fall in this category

OME JURISDICTION

- Death in apparent good health defined as:
  - Instantaneous death without obvious natural cause
  - Death during or following an unexplained syncope or coma
  - Death during an acute or unexplained rapidly fatal illness

OME JURISDICTION

- 26-4-7 (3) Unattended deaths
  - “Unattended” defined as death of a person who has not been seen by a physician within 30 days of the date of death
  - An individual who is receiving treatment by prayer or spiritual means under the tenets of a well-recognized church or religious denomination is not considered “unattended” under the M.E. Act
  - Majority of cases reported under this provision of M.E. Act are released to attending physician for certification
    - Approximately 1500 cases/year

OME JURISDICTION

- 26-4-7 (4) Deaths under suspicious or unusual circumstances
  - No specific definition in law as to what constitutes “suspicious or unusual”
  - Cases evaluated on an individual basis by OME staff
  - Clinical uncertainty concerning specific pathophysiology causing death is not sufficient to make the death “suspicious” or “unusual.”
10 □ OME JURISDICTION
   ▪ 26-4-7 (5) Deaths resulting from poisoning or overdose of drugs
     ▪ Fastest growing category of deaths investigated
     ▪ Approximately 25% of autopsy caseload
     ▪ Approximately 70% due to prescription medications and 30% due to illicit drugs

11 □ OME JURISDICTION
   ▪ 26-4-7 (6) Deaths resulting from diseases that may constitute a threat to the public health
     ▪ Diseases where there is potential of spread though casual contact
     ▪ Bioterrorist attack

12 □ OME JURISDICTION
   ▪ 26-4-7 (7) Deaths resulting from disease, injury, toxic effect or unusual exertion incurred within the scope of the deceased’s employment

13 □ OME JURISDICTION
   ▪ 26-4-7 (8) Deaths due to Sudden Infant Death Syndrome
     ▪ Definition of SIDS requires autopsy, investigation of circumstances surrounding death and review of medical history

15 □ OME JURISDICTION
   ▪ Violent deaths may have no external signs of the lethal injuries inflicted

16 □ OME JURISDICTION
   ▪ 26-4-7 (9) Deaths resulting while the deceased was in prison, jail, police custody, in the state hospital, or in a detention or medical facility operated for the treatment of the mentally ill or emotionally disturbed or delinquent persons

17 □ OME JURISDICTION
   26-4-7 (10) Deaths associated with diagnostic or therapeutic procedures
     ▪ Therapeutic misadventure
     ▪ Bad outcome of a correctly performed procedure, i.e.; death a recognized potential complication not under OME jurisdiction
     ▪ Threat of civil litigation not grounds for OME jurisdiction

18 □ OME INVESTIGATION
   ▪ Two main activities
     ▪ Investigation of the circumstances surrounding death
     ▪ Determination of the physical abnormalities that caused and/or contributed to death
       ▪ Autopsy
       ▪ Histology
       ▪ Toxicology
       ▪ Other testing methodologies

19 □ OME INVESTIGATION
   ▪ OME investigators available 24 hrs a day, 7 days a week to take reports and go to death scenes
     ▪ 7 full-time investigators
     ▪ 70+ part-time and vendor investigators around state
Investigators collect information about:
- Circumstances surrounding death
- Scene findings
- Medical and psychosocial history
- Other pertinent history & findings

**OME INVESTIGATION**
- Scene findings may be crucial in understanding how the death happened
- OME pathologist may respond to the scene in homicide cases

**OME INVESTIGATION**
- Alteration of scene by paramedics/first responders, law enforcement personnel and others may compromise the ME’s ability to offer opinions
- Preservation and documentation of initial conditions is critical

**OME INVESTIGATION**
- Six basic questions in all cases
  - Who are you?
  - When did you die? When were you injured?
  - Where did you die? Where were you injured?
  - What is your cause of death?
  - How did your death occur?
  - If someone killed you, is there evidence that would identify that individual?

**OME INVESTIGATION—WHO?**
- Identification
- Circumstantial
  - Tattoos
  - ID comparison
- Scientific
  - Dental comparison
  - Fingerprints
  - Radiographs
  - Implanted hardware
  - DNA

**OME INVESTIGATION—WHEN?**
- No such thing as a "deathometer"!
- The most scientifically accurate thing that can be said is that the person died sometime between when they were last known to be alive and when they were found dead
- Everything else is an estimate based on the observation of various postmortem changes in the body
- Circumstantial evidence often much more helpful

**TIME OF DEATH**
- Rigor mortis -- Stiffening of the body after death

**TIME OF DEATH ISSUES**
Livor mortis: the color of death
Due to settling of blood with gravity

TIME OF DEATH

OME INVESTIGATION – WHERE?
May or may not be the same location
Indicators of “when” may also help with answers to “where”
Requires close examination of rigor mortis, livor mortis, blood stains/drips/spatter
Body position and examination at scene is crucial to understanding this question

OME INVESTIGATION – WHERE?
Special circumstances
Bodies in water
Decomposed bodies
Discrepancies and inconsistencies are keys
Violence to body at undisturbed scene
May be key to “masked” homicide or otherwise “staged” scene

OME INVESTIGATION -- AUTOPSY
26-4-13. Autopsies -When authorized.
(1) The medical examiner shall perform an autopsy to:
(a) aid in the discovery and prosecution of a crime;
(b) protect an innocent person accused of a crime; and
(c) disclose hazards to public health.

MEDICOLEGAL AUTOPSY
Background investigation
Historical events
Reports and records
Scene inspection
Photographs and diagrams
Examination of clothing

MEDICOLEGAL AUTOPSY
Detailed external examination
Identification
Injuries
Complete autopsy (internal examination)
Necessary special studies
Toxicology
X-rays
Photographs

OME INVESTIGATION -- AUTOPSY
Preliminary photography: document the condition of the body as received
Pattern of blood staining on body may be crucial in understanding events surrounding death
Clothing should be removed, examined and photographed if necessary
• Document injuries and preserve as evidence

34 OME INVESTIGATION -- AUTOPSY

• Postmortem radiographs
  • Document the presence/absence and location of projectiles or foreign bodies
  • Assist in retrieval of projectiles
  • Aid in identification of the decedent
  • Document natural disease and/or injuries

36 OME INVESTIGATION -- AUTOPSY

• Collection of trace evidence
  • Fingernail scrapings
  • GSR samples
  • Rape kit
  • Hairs, fibers
  • Fingerprints
  • Alternate light exam

37 OME INVESTIGATION -- AUTOPSY

• Body should be re-photographed in undressed state prior to washing.
• Injuries should be photographed again after cleaning and/or shaving

38 OME INVESTIGATION -- AUTOPSY

• Internal examination
  • Body opened with standard “Y” shaped incision
  • Documentation of internal injury and disease processes
  • Organs removed as a block or individually
  • Photographs of relevant findings taken

39 OME INVESTIGATION -- AUTOPSY

• Toxicology
  • Collection of toxicologic samples: blood, urine, bile, vitreous, liver, and gastric = standard
  • Additional samples if needed (brain, fat, muscle, kidney, spleen, etc.)
  • Only blood available is from cavities in some cases

40 OME INVESTIGATION -- AUTOPSY

• Autopsy findings documented on body diagrams
• Serves as a back-up to photography
• Useful for courtroom presentation of evidence and findings

41 OME INVESTIGATION -- CAUSE OF DEATH?

• That injury or disease that produces the physiologic derangement resulting in death
• Examples
  • Gunshot wound of head
  • Stab wound of chest
  • Hanging
  • Blunt force craniocerebral injuries
CAUSE OF DEATH
- May be established with varying degrees of certainty
- Determination consists of two steps:
  - Identification of anatomic and physiologic abnormalities
  - Elucidation of the resulting mechanism of death
- May be evident at scene, at time of autopsy, or not until ancillary studies complete

MECHANISM OF DEATH
- The physiological derangement produced by the cause of death that results in death
- Examples
  - Hemorrhage
  - Septicemia
  - Cardiac arrhythmia
  - Asphyxia

OME INVESTIGATION -- MANNER OF DEATH (HOW)?
- Explains how the cause of death came about
- Examples
  - Natural
  - Homicide
  - Suicide
  - Accident
  - Could not be determined

MANNER OF DEATH
- The chain of events leading to death dictates the manner of death
  - Assault → brain injury → time delay (years) → seizure disorder → death = homicide
  - Childhood meningitis → seizure disorder → death = natural
  - Alcoholic → altercation → delayed treatment → acute and chronic subdural hematoma → death = undetermined
- Even the ‘experts’ may not agree

OME INVESTIGATION -- WHO DID IT?
- Evidence in a homicide may consist of any or all of three basic types:
  - Injury patterns (constellation of injuries)
  - Weapon (patterned injuries)
  - Trace evidence on body (fluids, fibers, prints)

HOSPICE RULES
   - (1) The hospice shall have a written plan to follow at the time of a of patient’s death. The plan shall include:
     - (a) recording the time of death;
     - (b) documentation of death;
     - (c) notification of attending physician responsible for signing death certificate;
     - (d) notification of next of kin or legal guardian;
     - (e) authorization and release of the body to the funeral home;
• (2) The hospice must notify the Department of any death resulting from injury, accident, or other possible unnatural cause.

R448-10-3. Reporting Requirement.
• (1) If a death occurs and the individual's care within 30 days prior to death was not directly supervised by a physician or if the individual was not seen by a licensed nurse whose activity is directly supervised by the individual’s treating physician, then the death must be reported as required under Utah Code Section 26-4-8.
• (2) All other deaths that meet the criteria in Utah Code Section 26-4-7, must be reported as required by Utah Code Section 26-4-8.
• (3) As required by R432-750-29, a hospice is required to report all deaths supervised by the hospice if the death was a result from injury, accident, or other possible unnatural cause.

WHAT IS CONSIDERED AN INJURY?
1. o Trauma from external forces
   o Other adverse physical effects of externally-caused events
   o Fractures and hematomas from falls or other external forces
   o Poisoning, toxicity or overdose of any substance, including medication

2. o Aspiration, suffocation, strangulation, mechanical obstruction of breathing Including from food, vomitus, secretions (unless reported due to disease)
   o Exposure to natural and environmental forces such as weather
   o Anaphylactic shock and other allergic reactions

3. o Errors and accidents during surgery and other medical care
   o Starvation, neglect, privation
   o Overexertion
   o Contact with venomous or nonvenomous animals, insects, plants

MOST COMMON UNREPORTED HOSPICE CASES

Delayed Trauma Deaths

falls, choking, overdoses
motor vehicle accidents,
assaults, suicides

WHO CAN REPORT A DEATH?

any person
who has knowledge of the death or who finds the dead body

IMPORTANCE OF REPORTING DEATHS PROMPTLY

1. • Is a scene investigation necessary?
   o Do Police need to become involved?
• Is an autopsy necessary?
   o Doctors acting as Designated Representatives
• How not reporting affects families
  ○ Delay of cremation/burial/removal

2 Things to consider

58 COMMON RED FLAG WORDS
UTI
pneumonia
Sepsis
Traumatic Brain injury
Hemorrhage
Pulmonary Embolism
Asphyxia
Encephalopathy
Toxicity
Undetermined/Unknown

64 (801)816-3850
TO REPORT A DEATH, CALL:

65 QUESTIONS?