

Coroners/Medical Examiners- Our Role

Responsibilities



Not Just Body Transport

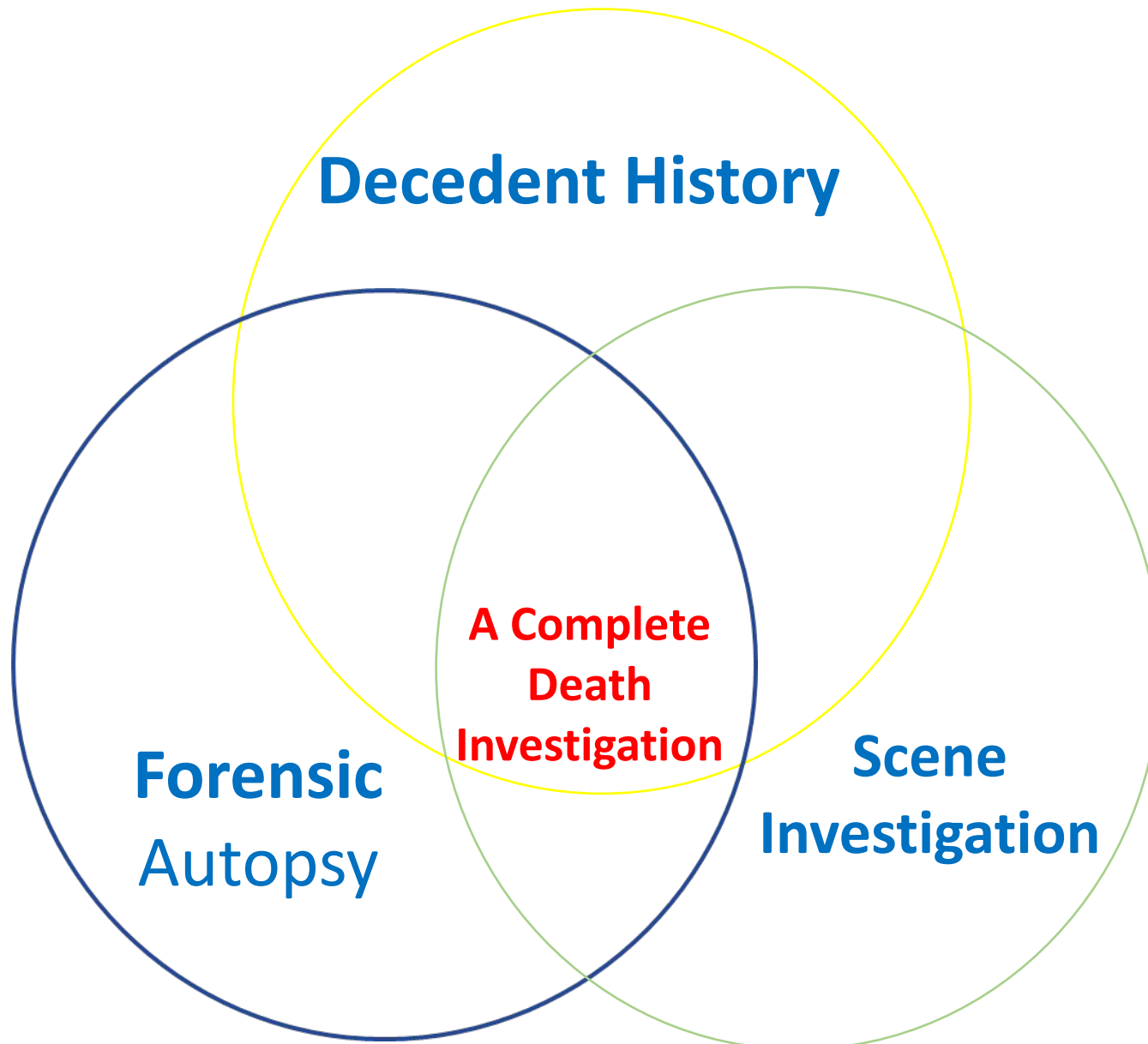
- Respond to calls relating to SUDDEN death
- Partnerships with police, doctors, hospital staff, lawyers, etc
- Determine the identity of the decedent -dental, fingerprinting, DNA
- Investigation of the scene, collecting evidence
- Forensic photography of scene, body, and autopsy
- Interviews; family, witnesses, friends, physicians
- Protect the decedent's personal effects
- NOK notifications & liaison providing support.
- Extensive records review- medical, mental health, and BOP
- Detailed reports-investigations, pathology
- Obtain fluids for tox and determine the need for an autopsy.
- Certify the cause and manner of death
- Provide testimony in legal proceedings, both civil and criminal
- Public Health/Prevention of infectious diseases, opioids, suicides

Types of Deaths Investigated/Jurisdiction Based

- Traumatic or Violent; Suicides, Accidents, Homicides
- All “Undetermined”
- Sudden unexpected deaths –any at home
- Hospital Deaths; ER, Less than 24 Hrs., unresponsive
- All deaths that occur while under the custody of law enforcement
- Anyone without documented medical history
- Deaths that may result in a threat to public health (Meningitis)
- Any unclaimed, exposed, or unidentified remains
 - Skeletal-Bone Fragments
- Any at-work death
- All children under the age of 18 w/out significant medical issues
- Stillbirths with a fetus over 20 weeks – Jurisdictional



All Jurisdictions, regardless of laws



Many Hats

Cause and Manner of Death

Cause- What caused the death to occur.

Mechanism- the physiologic or biochemical process that caused the death

Manner-

Natural - Death by natural disease process Accident -
Non-intentional, non-natural
Suicide –Intent factor
Homicide: Taking another's life
Undetermined: Manner cannot be determined



Manner - Suicide

Suicide- A death that occurs when an individual deliberately takes his or her own life through a series of deliberate actions.

Self Inflicted GSW, OD, Hanging, CO Deaths, Jump from Height





Complicated Cases

- Russian Roulette
 - Accident vs. Suicide
- Undetermined Deaths
 - Drownings, falls, etc....
- “Suicide by Cop”
 - Suicide vs. Homicide
- Suicide/Homicide
- Autoerotic Asphyxia



Undetermined Manner



Conflicting Data and Unclear Intent

- 1) A salesman of bull semen (for A.I.) was found dead by nitrous oxide (used to store semen) in the back of his van.
- 2) Stockbroker involved in an about-to-collapse Ponzi scheme found drowned in a lake, with cinder blocks tied to his waist.
- 3) 42-year-old male, no life changes, good job, family, no ideations, found with both arms completely cut from elbow to wrist...

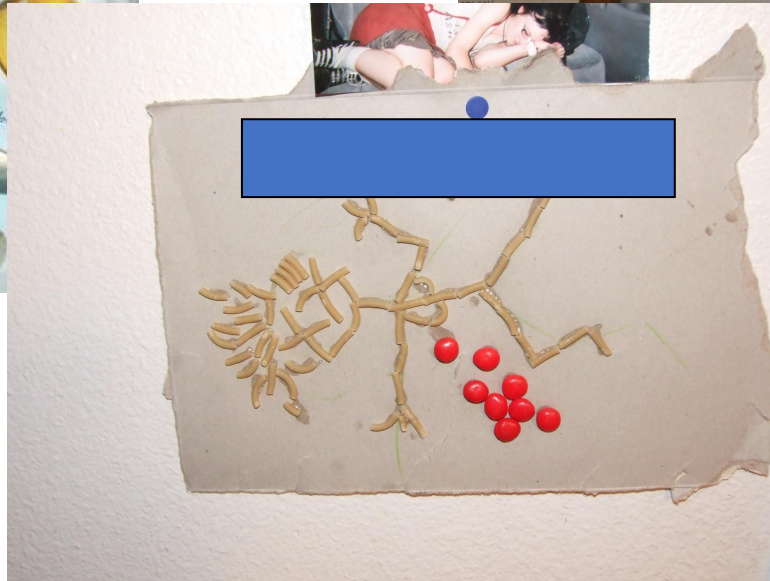
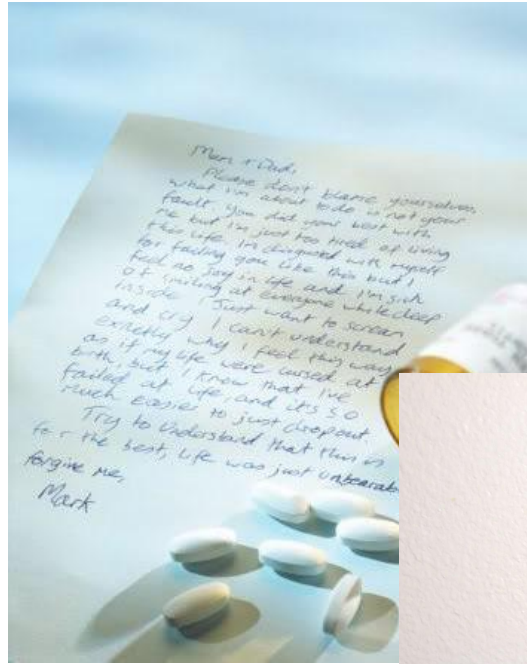




ME/Coroner imitations

- Personal information pertaining to Mental Health Hx, Medical HX is protected by HIPPA
- Budgets and resources restrain ME/Coroners in rural jurisdictions
- Determining suicide vs accident. Very small number leave a note- At times hard to determine
 - Suicide-Must have the self-harm intent
 - Accident –No intent present
- Social Stigma-Information is limited to what families disclose- we only know what we know

Letters & Writings; Limited and not always “letters”.



Suicide determinations should NEVER be made based on notes left.

Coroners and Medical Examiners Are Arsenal to Public Health



Cause	Type	Other Significant Conditions	Type	Drugs/Meds/Poison (on board)	Note on Scene	MH Status/Diagnosis	Past SI Hx or Attempts/Hosp	Active Suicidal Ideation	Medical Issues	Active Medical Hx	Relationship Issues	Relationship/Legal/Financial Issues	Employment/Work Hx	DOD Day of week	Vet
Hanging	asphyxia by ligature			methylphenidate 12 ng/ml, ritalinic acid 150 ng/ml, paroxetine 34 ng/ml, desmethyllohexipin 150 ng/ml	Y, note in truck	bipolar depression, auditory hallucinations, schizo-affective disorder, PTSD, hypersexual behavior, in tx, on meds	Y, 2 hospitalizations since age 7, psychosocial rehab age 6, reported 3 hanging attempts at age 7		Y	ADHD, fetal alcohol syndrome (in utero narcotics exposure)	Y	father and step-mom separated due to decedent's behavioral issues, shared custody; no known SI per family; no complaints throughout day; possible assault chrg from 6th grade teacher; family and records indicate bio-mom lost parental rights due to physical, emotional abuse of decedent, possible sexual abuse at daycare; family was awaiting residential tx approval	student - Anser Charter	Wednesday	
GSW	head			---		ADHD, anxiety, depression, paranoia, schizophrenia - non-compliant w/ meds	Y, SI stmts, attempted shooting self 15 yrs ago w/ hosp		Y	oxycodone abuse; THC and ETOH use; salvia use	Y	ETOH w/ DUI as juvenile; job loss 12-11-20; in prison 3 yrs; living in motel for a few months; PO reported active paranoia; IDOC reported hitting self in head		Thursday	
Hanging	asphyxia by ligature			ETOH BAC .054, sertraline 180 ng/ml, desmethylsertraline 850 ng/ml, Delta-9 THC >50 ng/ml, trazodone		Y, anxiety, depression	Y, hx of attempts, most recent attempt 2019 OD, past		Y	hx of HTN, allergic rhinitis, migraines, sleep issues, ETOH abuse, on meds		ETOH abuse w/ relapse over Christmas; known distant past heroin, cocaine use and current ETOH abuse; children supportive; ETOH and THC on scene; cymbalta	Y	Sunday	

Suicide Risk Formation

FACTS

- There is no single cause of suicide
- There is no single TYPE of suicidal person

Through
Investigation
we identified
commonalities

Deviations from the normal routine

Evidence of preparations to die

Expressions of a wish to die

History of previous attempts

History of mental disorder, generally untreated

Recent depressive symptoms

Abusing substances, liquid courage 90%

Recent life stressors; Relationship Issues #1

Recent refusal of medical care - Elderly

Population At Risk

Individuals of all ages, genders, and ethnicities may be at risk, however

- Men more than women
- Middle age white males are the majority
 - Relationship, loss of...
 - Loss of social supports
 - Liquid courage
 - Access to lethal means
- Rural communities more so than urban
 - Lack of social supports
 - Clusters
 - Access to lethal means

Suicide is an outcome that requires several things to go wrong all at once...

Risk Factors for Suicide- Coroner/ME Information Collected

Bio-psychosocial Risk Factors:

- Previous suicide attempt(s)
- Mental disorders(depression, etc.)
- Alcohol and other substance use disorders
- History of trauma or abuse
- Major physical illness
- Family history of suicide (Teens)

Environmental Risk Factors

- Job or financial loss
- Relationship or social loss- #1
- Easy access to lethal means
- Local clusters of suicide- Teens

Socio-cultural Risk Factors

- Lack of social support
- Sense of isolation
- Stigma associated with seeking help
- Barriers to accessing mental health care and substance abuse treatment
- Certain cultural and religious beliefs (those that believe suicide is noble)
- Exposure to and influence of others who have died by suicide

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Perpetuating Risk Factors

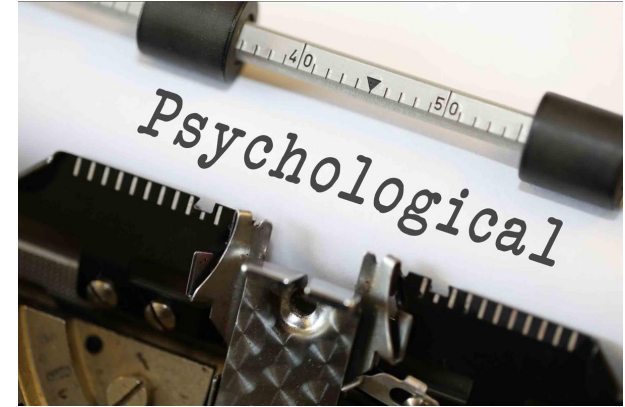
Demographics; Middle Aged
Male, White, and Native
American

- Hx of Prior Attempts (90%)
- HX of Prior Ideations (50%)
- HX of Self Harm Behavior/Risk Taking
- Hx of Suicide in an immediate circle; family and close friends
- Hx of Psychosis

- **In addition:** history of violence, drug and alcohol abuse, divorce, sexual abuse

Psychological Autopsies

- Complete extensive report
- Complete thorough interviews of family, friends, and acquaintances
 - Habits, Character, Personality, Personal Relationships
- Complete review of medical records
 - E.R. Visits, Medical History, Alcohol Abuse, Drug Abuse, etc.
- Complete review of mental health and diagnoses
 - Records and Treatment
- Complete review of the State Board of Pharmacy



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Suicide vs. Accident vs. Homicide
Why, Why Now, Why this Way???

Suicidal individuals die from accidents and homicides...We need to be as accurate as possible!!

IDAHO- Intervention & Prevention

A collaborative planning team consisting of professionals throughout the state.

Goal 1- Integrate and coordinate suicide prevention activities across multiple sectors and settings.

Goal 2 –Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

Goal 3- Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.

Goal 4- Promote responsible and accurate portrayals of suicide and mental illness in media reporting and the safety of online content related to suicide.

Goal 5- Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.

Goal 6 -Reduce access to lethal means of suicide among individuals with suicide risk.

Goal 7- Expand knowledge of community and clinical service providers on the nature, related behaviors, and prevention of suicide.

Goal 8- Embed suicide prevention as a core component of health care services.

Goal 9- Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

Goal 10-Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.



Final Words...

- MYTH – Suicide happens on a whim and not seasonally.
- Suicide Attempts: Working on the ability to overcome self-preservation.
- People continue to live their lives as they plan their death.
- A decision is made to pull it off the back shelf.
- They believe their death is worth more than life
 - Life Insurance
 - Poor marriage/relationships with family – get on with their lives (family) without having to deal with the issues that the person is going through.



Questions?

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