

The Medical Examiner at Hospice

Jennifer Davis, M.D.

October 12, 2012

Dr. Davis is a Forsyth County Medical Examiner



Objectives

1. Understand the role of a North Carolina Medical Examiner
2. Determine likely medical examiner cases
3. Protocol at HPCC



- The Office of the Chief Medical Examiner (OCME) is a division of the NC Department of Health and Human Services
- A network of over 600 doctors in North Carolina who voluntarily devote time, energy, and expertise to see that deaths of a suspicious, unusual or unnatural nature are adequately investigated
- 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.

Guidelines



Guidelines

The following types of deaths in North Carolina are to be reported to a medical examiner:

- Homicide
- Suicide
- **Accident**
- Trauma
- Disaster
- Violence
- Unknown, unnatural or suspicious circumstances
- 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)
- Deaths during surgical or anesthetic procedures
- Sudden unexpected deaths not reasonably related to known previous disease
- Deaths without medical attendance

Guidelines

The medical examiner (ME) has discretion as to whether he/she believes a given death is or is not within his/her jurisdiction. Note, however, that every death that is due to or might reasonably have been due to a violent or traumatic injury or **accident** is to be investigated by the medical examiner. This includes all murders, suicides, **accidents**, poisonings, etc.

Note that every death due to a violent cause is to be investigated, regardless of the duration of survival (including hospitalizations) of the decedent after his/her injury. If there is any question as to whether or not a given death should be investigated by the medical examiner, please call the Office of the Chief Medical Examiner (OCME) for consultation. The toll free number is 1-800-672-7024.

Guidelines

A death will be reported to a medical examiner by any person who has knowledge of the death or who finds the dead body. Usually this will be a law enforcement agency, rescue squad, State Highway Patrol, funeral home, emergency room or private physician.

The medical examiner should make a rapid initial evaluation of the reported death to ascertain whether he/she should assume jurisdiction over the case. The medical examiner should tell the reporting party promptly what to do with the dead body.

The body should not be removed from the scene of death until the medical examiner has authorized the removal. If an ME plans to go to the scene to view the body this should be made clear to the notifying agents and the ME should respond promptly. Law enforcement officials may authorize removal in emergency situations.

Guidelines

The medical examiner's jurisdiction attaches at death (this includes the determination of brain death) or upon the finding of a dead body. The ME has no jurisdiction over living persons. The place where death is pronounced or where a dead body is first found determines jurisdiction. The ME's geographic jurisdiction ordinarily extends to the borders of the county in which he/she is appointed to serve but is not necessarily limited to that county should it prove expedient to take jurisdiction in a death in an adjacent county. **Note that the medical examiner's jurisdiction is determined by the place where the body is found, not necessarily by the place where the cause of death was inflicted.**

Guidelines

The ME must personally view every dead body over which he/she assumes jurisdiction. The body should be critically inspected, including the back, both before and after removal of clothing. The ME must be alert for signs of violence, trauma, poisoning, etc. Obtaining a medical and social history of the decedent to help explain the cause and manner of death is a basic part of the investigation. He/she must be satisfied that any signs of injury are consistent with the history presented, and that when the death is thought to be from natural causes that no discordant evidence of injury is present. The ME should indicate that the body was not viewed and why, but go ahead and send in a report of investigation and prepare a ME death certificate.

Guidelines

The medical examiner has the authority to order an autopsy when, in his/her opinion, it is advisable and in the public interest. This power is to be used judiciously. If in doubt as to the advisability of ordering an autopsy, consultation is to be sought from the OCME or from the Regional Pathologist. In the event of a difference of opinion between a ME and a regional pathologist, the OCME may be contacted to resolve the issue.

Guidelines

Medical Examiners should order an autopsy on:

- All homicides and suspected homicides
- **Suspected drug related deaths, illicit or prescription**
- Hit and run accidents
- Victims alleged to be lying in the roadway or on railroad tracks before being struck
- Pilots and crew in aircraft crashes, private and commercial
- Sudden unexpected deaths where the decedent does not have a well-documented illness that would explain death (All such deaths in young adults, children, and infants, including SIDS cases, should be autopsied. Deaths in the elderly should be considered on a case by case basis.)
- Suspicious or contested suicides
- **Accidental deaths where the observable injuries do not appear sufficient to explain death or seem inconsistent with the alleged "accident"**

Guidelines

- Possible public health hazard when the autopsy is the most expeditious means of determining whether in fact a hazard exists
- Law enforcement insistence
- Badly burned (charred) bodies
- Badly disfigured bodies when identification may be an issue, especially if there are multiple fatalities
- Skeletonized remains
- Badly decomposed remains
- Any death where there is a reasonable suspicion that trauma (external force) may have been the cause or a contributing cause and an autopsy will settle the issue.
- **Apparently natural deaths in known alcoholics and drug abusers**
- Deaths of travelers, vacationers, convention attendees, workers, students, and other strangers from afar should be carefully evaluated before a decision NOT to autopsy is made

Guidelines

The ME must make a record of his/her findings and of the circumstances of the death on the "**Report of Investigation**" form and on such diagrams, etc., as may be needed to completely document the case. These records are to be sent to the OCME within 14 days of notification of the death. The ME should keep a copy of all documents for his/her records.

As the official document of a public official, the medical examiner's **Report of Investigation** reflects on the medical examiner, the medical profession, and on the medical examiner system. Examiners should try to make it as legible as possible, complete, and relevant. This report may be the only record (other than the death certificate) prepared in connection with this death. The findings of an ME investigation may be critical to the resolution of a variety of legal and social issues. Medical abbreviations may pose problems for many non-medical people who read the reports.

The ME **Report of Investigation** and the autopsy report once received and reviewed at the OCME are public records.

Guidelines

The ME must complete the "**Medical Examiner Certificate of Death**" on every case over which he/she assumes jurisdiction. **ALL** copies of the certificate are to be forwarded to the local Registrar of the County of death, usually through the funeral home handling the final disposition of the body. A death under ME jurisdiction **CANNOT** be certified on a non-medical examiner death certificate.

Guidelines

Draw a sample of blood for toxicology **BEFORE the body is embalmed on all ME cases that will not be autopsied.** Try to obtain a sample from subclavian or femoral sites first. Only use cardiac as a last resort. The pathologist should draw the blood specimen if an autopsy is to be performed. Send the labeled sample in the vials provided in the mailing tubes to the Toxicology Laboratory of the OCME in Chapel Hill. Complete the toxicology request form and send it in the tube with the specimen. If blood cannot be obtained, a sample of urine or vitreous fluid can be substituted. Advice on toxicology problems can be obtained from one of the OCME pathologists or from the Chief Toxicologist at 1-800-672-7024.

Guidelines

When a death falls into medical examiner jurisdiction and permission for organ donation from next-of kin or through organ donation card has been obtained, the ME's permission is also required before harvesting. Medical Examiners should allow donation unless, in their judgment, examination of the organ to be harvested will be critical in determining the cause and/or manner of death. Donation may be permitted even in cases of homicide. If in doubt, consult the OCME. The body will still have to be examined by the medical examiner and in those cases where autopsy is appropriate, one should be performed following harvesting.

Statutes



Statutes

10A NCAC 44 .0305 TIME LIMIT TO CLAIM BODY

- Within **30 days** after receipt of notification, **next-of-kin** or any interested person willing to **assume responsibility** for final disposition must:
 - (1) notify the Office of the Chief Medical Examiner of their intentions;
 - (2) take possession of the body.

10A NCAC 44 .0307 CREMATION

- (a) In the event relatives or other interested persons claim the body but are **unable to provide transportation or final disposition, the Office of the Chief Medical Examiner shall arrange for the cremation** of the body and for the mailing of the ashes to the relatives or other interested persons **without charge**.

Statutes

10A NCAC 44 .0308 BODY REMAINS UNCLAIMED

- If, after **10 days**, a body of a migrant farm worker or dependent **remains unidentified or no relatives or interested parties** can be identified to assume responsibility for final disposition, the body may be offered to the **Commission of Anatomy**. If the Commission of Anatomy will not accept the body, then the **Office of the Chief Medical Examiner shall arrange for final disposition** as provided in 10A NCAC 44 .0401.

10A NCAC 44 .0310 RESPONSIBILITY FOR TRANSPORT AND DISPOSITION

- **All arrangements for transportation and disposition shall be made by those next-of-kin or interested persons who have assumed responsibility** for final disposition.

Statutes

10A NCAC 44 .0401 UNCLAIMED BODIES

- The chief medical examiner shall retain charge or control of an unclaimed body for a period of **ten days**. During this period, **reasonable effort shall be made to locate relatives of the decedent**. After the search for relatives has been completed and the required ten day period has passed, each unclaimed body shall be disposed of by **cremation**. The ashes shall be retained in the control of the chief medical examiner for a period of **three years**. During this time appropriate family members of the decedent may claim and receive the ashes. At the end of the three years any unclaimed ashes shall be disposed of in an appropriate manner.

Statutes

10A NCAC 44 .0501 INVESTIGATION BEFORE CREMATION OR BURIAL AT SEA

- (a) Before a dead body may be cremated or buried at sea, a medical examiner must certify that the medical examiner has investigated the cause and manner of death and determined that no further examination is necessary. Such certification is not required if the death falls under one of the exceptions in G.S. 130A-388 or under one of the following exceptions:
- (1) a death that is medically attended, is determined to result from natural disease, and occurs in a nursing home or while under the care of a licensed hospice; or
- (2) a body that is donated to the Commission of Anatomy or to any of the schools of medicine in accordance with G.S. 130A-402 et seq.

Statutes

§ 130A-382. County medical examiners; appointment; term of office; vacancies.

- One or more county medical examiners for each county shall be appointed by the Chief Medical Examiner for a three-year term. County medical examiners shall be appointed from a list of physicians licensed to practice medicine in this State submitted by the medical society of the county in which the appointment is to be made. If no names are submitted by the society, the Chief Medical Examiner shall appoint one or more medical examiners from physicians in the county licensed to practice medicine in this State. In the event no licensed physician in a county accepts an appointment, the Chief Medical Examiner may appoint as acting county medical examiner one or more physicians licensed to practice medicine in this State from other counties, a licensed physician assistant, a nurse, a coroner, or an individual who has taken an approved course of training as required by the Chief Medical Examiner. The acting county medical examiner shall have all the duties and authority of the physician medical examiner except to perform autopsies. A medical examiner may serve more than one county. The Chief Medical Examiner may take jurisdiction in any case or appoint another medical examiner to do so.

Statutes

§ 130A-383. Medical examiner jurisdiction.

- (a) Upon the death of any person resulting from violence, poisoning, accident, suicide or homicide; occurring suddenly when the deceased had been in apparent good health or when unattended by a physician; occurring in a jail, prison, correctional institution or in police custody; occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 15 of the General Statutes; or occurring under any suspicious, unusual or unnatural circumstance, the medical examiner of the county in which the body of the deceased is found shall be notified by a physician in attendance, hospital employee, law-enforcement officer, funeral home employee, emergency medical technician, relative or by any other person having suspicion of such a death. No person shall disturb the body at the scene of such a death until authorized by the medical examiner unless in the unavailability of the medical examiner it is determined by the appropriate law enforcement agency that the presence of the body at the scene would risk the integrity of the body or provide a hazard to the safety of others. For the limited purposes of this Part, expression of opinion that death has occurred may be made by a nurse, an emergency medical technician or any other competent person in the absence of a physician.

Statutes

§ 130A-385. Duties of medical examiner upon receipt of notice; reports; copies.

- (a) Upon receipt of a notification under G.S. 130A-383, the medical examiner shall take charge of the body, make inquiries regarding the cause and manner of death, reduce the findings to writing and promptly make a full report to the Chief Medical Examiner on forms prescribed for that purpose.
- The Chief Medical Examiner or the county medical examiner is authorized to inspect and copy the medical records of the decedent whose death is under investigation. In addition, in an investigation conducted pursuant to this Article, the Chief Medical Examiner or the county medical examiner is authorized to inspect all physical evidence and documents which may be relevant to determining the cause and manner of death of the person whose death is under investigation, including decedent's personal possessions associated with the death, clothing, weapons, tissue and blood samples, cultures, medical equipment, X rays and other medical images. The Chief Medical Examiner or county medical examiner is further authorized to seek an administrative search warrant pursuant to G.S. 15-27.2 for the purpose of carrying out the duties imposed under this Article. In addition to the requirements of G.S. 15-27.2, no administrative search warrant shall be issued pursuant to this section unless the Chief Medical Examiner or county medical examiner submits an affidavit from the office of the district attorney in the district in which death occurred stating that the death in question is not under criminal investigation.

Statutes

- (b) The medical examiner shall complete a certificate of death, stating the name of the disease which in his opinion caused death. If the death was from external causes, the medical examiner shall state on the certificate of death the means of death, and whether, in the medical examiner's opinion, the manner of death was accident, suicide, homicide, execution by the State, or undetermined. The medical examiner shall also furnish any information as may be required by the State Registrar of Vital Statistics in order to properly classify the death.
- (c) The Chief Medical Examiner shall have authority to amend a medical examiner death certificate.
- (d) A copy of the report of the medical examiner investigation may be forwarded to the appropriate district attorney.

Statutes

- (e) In cases where death occurred due to an **injury received in the course of the decedent's employment**, the Chief Medical Examiner shall forward to the **Commissioner of Labor** a copy of the medical examiner's report of the investigation, including the location of the fatal injury and the name and address of the decedent's employer at the time of the fatal injury. The Chief Medical Examiner shall forward this report within 30 days of receipt of the information from the medical examiner.
- (f) If a **death occurred in a facility licensed** subject to Article 2 or Article 3 of Chapter 122C of the General Statutes, or Articles 1 or 1A of Chapter 131D of the General Statutes, and the deceased was a client or resident of the facility or a recipient of facility services at the time of death, then the Chief Medical Examiner shall forward a copy of the medical examiner's report to the **Secretary of Health and Human Services** within 30 days of receipt of the report from the medical examiner.

Statutes

§ 130A-387. Fees.

- For each investigation and prompt filing of the required report, the medical examiner shall receive a **fee paid by the State**. However, if the deceased is a resident of the **county in which the death or fatal injury occurred**, that county shall pay the fee. The fee shall be **one hundred dollars** (\$100.00).

§ 130A-388. Medical examiner's permission necessary before embalming, burial and cremation.

- (a) **No person** knowing or having reason to know that a death may be under the jurisdiction of the medical examiner pursuant to G.S. 130A-383 or 130A-384, **shall embalm, bury or cremate the body without the permission of the medical examiner**.
- (b) **A dead body shall not be cremated or buried at sea unless a medical examiner certifies that he has inquired into the cause and the manner of death and has the opinion that no further examination is necessary**. This subsection shall not apply to deaths occurring less than 24 hours after birth or to deaths of patients resulting only from natural disease and occurring in a licensed hospital unless the death falls within the jurisdiction of the medical examiner under G.S. 130A-383 or 130A-384.

Statutes

§ 130A-389. Autopsies.

- (a) If, in the opinion of the medical examiner investigating the case or of the Chief Medical Examiner, it is advisable and in the public interest that an autopsy or other study be made; or, if an autopsy or other study is requested by the district attorney of the county or by any superior court judge, an autopsy or other study shall be made by the Chief Medical Examiner or by a competent pathologist designated by the Chief Medical Examiner. A complete autopsy report of findings and interpretations, prepared on forms designated for the purpose, shall be submitted promptly to the Chief Medical Examiner. Subject to the limitations of G.S. 130A-389.1 relating to photographs and video or audio recordings of an autopsy, a copy of the report shall be furnished to any person upon request. A fee for the autopsy or other study shall be paid by the State. However, if the deceased is a resident of the county in which the death or fatal injury occurred, that county shall pay the fee. The fee shall be one thousand dollars (\$1,000).

Statutes

- (b) In deaths where the Chief Medical Examiner and the medical examiner investigating the case do not deem it advisable and in the public interest that an autopsy be performed, but the next-of-kin of the deceased requests that an autopsy be performed, the Chief Medical Examiner or a designated pathologist may perform the autopsy, unless the deceased's health care power of attorney granted authority for such decisions to the health care agent. **If the Chief Medical Examiner or a designated pathologist performs the autopsy at the request of the next of kin, the cost shall be paid by the next of kin.**
- (c) When the next-of-kin of a decedent whose death does not fall under G.S. 130A-383 or 130A-384 requests that an autopsy be performed, the Chief Medical Examiner or a designated pathologist may perform that autopsy and the cost shall be paid by the next-of-kin.
- (d) The **report of autopsies** performed pursuant to subsections (b) and (c) shall be a part of the **decedents' medical records and therefore not public records open to inspection.**

Statutes

§ 130A-392. Reports and records as evidence.

- Reports of investigations made by a county medical examiner or by the Chief Medical Examiner and toxicology and autopsy reports made pursuant to this Part may be received as evidence in any court or other proceeding. Copies of records, photographs, laboratory findings and records in the Office of the Chief Medical Examiner, any county medical examiner or designated pathologist, when duly certified, shall have the same evidentiary value as the original.

Statutes

§ 130A-395. Handling and transportation of bodies.

- (a) **It shall be the duty of the physician licensed to practice medicine under Chapter 90 attending any person who dies and is known to have smallpox, plague, HIV infection, hepatitis B infection, rabies, or Jakob-Creutzfeldt to provide written notification to all individuals handling the body of the proper precautions to prevent infection.** This written notification shall be provided to funeral service personnel at the time the body is removed from any hospital, nursing home, or other health care facility. When the patient dies in a location other than a health care facility, the attending physician shall notify the funeral service personnel verbally of the precautions required in subsections (b) and (c) as soon as the physician becomes aware of the death.
- (b) **The body of a person who died from smallpox or plague shall not be embalmed.** The body shall be enclosed in a strong, tightly sealed outer case which will prevent leakage or escape of odors as soon as possible after death and before the body is removed from the hospital room, home, building, or other premises where the death occurred. This case shall not be reopened except with the consent of the local health director.
- (c) Persons handling bodies of persons who died and were known to have HIV infection, hepatitis B infection, Jakob-Creutzfeldt, or rabies shall be provided written notification to observe blood and body fluid precautions.

Statutes

§ 130A-115. Death registration.

- (a) A death certificate for each death which occurs in this State shall be filed with the local registrar of the county in which the death occurred within five days after the death. If the place of death is unknown, a death certificate shall be filed within five days in the county where the dead body is found. If the death occurs in a moving conveyance, a death certificate shall be filed in the county in which the dead body was first removed from the conveyance.
- (b) The funeral director or person acting as such who first assumes custody of a dead body shall file the death certificate with the local registrar. The personal data shall be obtained from the next of kin or the best qualified person or source available. The funeral director or person acting as such is responsible for obtaining the medical certification of the cause of death, stating facts relative to the date and place of burial, and filing the death certificate with the local registrar within five days of the death.

Statutes

- (c) The medical certification shall be completed and signed by the physician in charge of the patient's care for the illness or condition which resulted in death, except when the death falls within the circumstances described in G.S. 130A-383. In the absence of the physician or with the physician's approval, the certificate may be completed and signed by an associate physician, a physician assistant in a manner consistent with G.S. 90-18.1(e1), a nurse practitioner in a manner consistent with G.S. 90-18.2(e1), the chief medical officer of the hospital or facility in which the death occurred or a physician who performed an autopsy upon the decedent under the following circumstances: the individual has access to the medical history of the deceased; the individual has viewed the deceased at or after death; and the death is due to natural causes. When specifically approved by the State Registrar, an electronic signature or facsimile signature of the physician, physician assistant, or nurse practitioner shall be acceptable. As used in this section, the term electronic signature has the same meaning as applies in G.S. 66-58.2. The physician, physician assistant, or nurse practitioner shall state the cause of death on the certificate in definite and precise terms. A certificate containing any indefinite terms or denoting only symptoms of disease or conditions resulting from disease as defined by the State Registrar, shall be returned to the person making the medical certification for correction and more definite statement.
- (d) The physician, physician assistant, nurse practitioner, or medical examiner making the medical certification as to the cause of death shall complete the medical certification no more than three days after death. The physician, physician assistant, nurse practitioner, or medical examiner may, in appropriate cases, designate the cause of death as unknown pending an autopsy or upon some other reasonable cause for delay, but shall send the supplementary information to the local registrar as soon as it is obtained.



Example Cases

Example:

95 yo female with dementia who was high functioning in assisted living has fall with head injury/bleed and is then bedbound with AMS.

FALL → INJURY → DECLINE → DEATH

Injury may be fracture, intracranial bleed, etc. and may or may not have not been repaired

Example:

72 yo female with lung cancer and DVT has bleeding into colostomy and INR >10 on Coumadin.

Over Anticoagulation = Medication Over Dose

Supratherapeutic INR leads to internal bleeding

Example:

84 yo male who had several vertebral compression fractures from severe osteoporosis and then died of pneumonia post-op spinal surgery

If physician wants to include fractures in section 20b, then M.E. has to complete death certificate.

Example:

57 yo male with a traumatic brain injury from a fall 33 years ago dies from aspiration pneumonia.

Young man had repeated aspiration pneumonias and complicated medical history due to brain injury and likely would have had a longer life span if fall had not occurred, so traumatic brain injury needed to be included.

Example:

90 yo female with fall s/p right femur fracture repair and subsequent large left MCA CVA perioperatively while off anticoagulation.

Double Whammy: fall with life changing injury and a CVA perioperatively

What is NOT an M.E. case

- A natural cause of death such as cancer, heart disease, CVA, pneumonia, etc.
- If the patient was already declining and accident did not change status
- “Found down” does not always mean accident
- If the patient dies after surgery from an expected complication
- Question: Did the accident change the patient’s functional status and quality of life and cause them not to recover to baseline?

Difficult to Determine

- Intracranial bleed: CVA then fall vs. fall then bleed
- Functional status unknown or hard to determine
- Post surgical complication
- Not a lot of records or family available
- May need to contact OCME

- If the case is never presented to the M.E. 😊

Call Dr. Davis if a hospice patient
may be an M.E. case



- 
- PLEASE, PLEASE, PLEASE call if you think a patient may be an M.E. case.
 - M.E. case does not equal autopsy.
 - Many of these cases are missed because staff are not educated. This includes everyone!
 - Patient must die in Forsyth County for Dr. Davis to have jurisdiction. If in another county, then that county's M.E. must be notified. Law enforcement can direct you to that person.

HPCC Protocol

At KBR Hospice Home:

- Anyone can call attending provider when possible case is identified and he/she will call M.E. to determine if appropriate for M.E. case.
- Hospice provider will write an order and document with which M.E. he/she discussed the case.
- Documentation on the chart identifying patient as M.E. case (pink sheet)

HPCC Protocol

At KBR Hospice Home

- At TOD, do not manipulate the body in any way.
- Notify Dr. Davis, and she will come to examine the patient and prepare the report and death certificate.
- If Dr. Davis is unavailable, then identify which hospital patient is affiliated with, and case will need to be presented to M.E. at that hospital by hospice provider on call.

HPCC Protocol

At KBR Hospice Home:

- At WFBH, it's the pathology resident on call.
- At FMC, it's the E.R. doctor on call.
- If not affiliated with a hospital, patient goes to WFBH.
- If case has already been approved by hospital M.E., then body can be sent by Spencer's transport with documentation.

HPCC Protocol

In Home Care:

- Anyone can call attending provider when possible case is identified and he/she will call M.E. in county where patient is expected to die to determine if appropriate for M.E. case.
- If this is not Forsyth county, then that county's M.E. may or may not prefer to be called prior to TOD.
- In my opinion, some cases can be predetermined, and it is better to be prepared.

HPCC Protocol

In Home Care:

- At TOD, County M.E. needs to be called to determine if case is appropriate.
- They have the right to deny the case.
- If they accept the case, they may come to the scene of death or ask for the body to be transported to the nearest morgue.
- Document, Document, Document

Example:

- 77 yo female with lung cancer with fall and multiple cervical spine fractures
- Patient died from lung cancer 4 months after fall, but fractures did contribute to morbidity and needed to be included in section 20b.
- Local E.R. physician was M.E. and denied case and was disrespectful to on call hospice nurse.
- I had to discuss the case with Chief M.E. who agreed with me and ask that I do the case report.

Conflict of Interest

- Dr. Davis cannot be the attending provider of a patient and be the M.E. on the case.
- If a patient is determined to be an M.E. case, then another provider must be assigned to the patient.
- This is to remove any potential ethical dilemmas especially if the case involves litigation.

- 
- Families and patients need to be educated about M.E. case. This can be done by nursing or providers or Dr. Davis can be called to assist.
 - M.E. equals unnatural cause or contributor to death.
 - M.E. does not equal autopsy.
 - M.E. death certificate or copy or report is not to be released to family. It can be obtained by family from vital records department once completed.



QUESTIONS???