Office of Medical Examiner

Stony Brook University Hospital
House Staff Orientation Program
2013
About the Medical Examiner’s Office

- The Office of the Suffolk County Medical Examiner is a Division of the Department of Health Services. The 85,000 square foot facility located in Hauppauge in the North County Complex off of Vets Highway.

Division Sections:
- Pathology
- Toxicology
- Crime Laboratory
- The Public and Environmental Health Laboratory is housed in the same facility, but under the administration of the Division of Environmental Quality.
Pathology Section

Investigates about 4500 deaths per year and performs about 900 autopsies per year. The Forensic Medical Investigators are all Registered Physician Assistants, and the Pathologists are full-time Medical Examiners.
Toxicology Section

This state-of-the-art laboratory performs analysis in all three areas of forensic toxicology: post-mortem, human performance, and forensic drug testing. Specimens are analyzed for law enforcement agencies, Drug Court, DWI Program, drug facilitated sexual assault, the Probation department, and the Methadone Maintenance Program.
Crime Laboratory

This is a state-of-the-art laboratory that has Serology/DNA, Firearms, Arson, Trace Evidence, and other laboratories to analyze evidence submitted by law enforcement agencies.
## Contact Information

<table>
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<tr>
<th>Location</th>
<th>Forensic Sciences Bldg. #487 725 Veteran’s Memorial Highway Hauppauge, New York 11787-4311</th>
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<tbody>
<tr>
<td>Mailing Address</td>
<td>P.O. Box 6100 Hauppauge, New York 11788-0099</td>
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<tr>
<td>Telephone Telecopier</td>
<td>1-631-853-5555 1-631-853-4673</td>
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Reportable Cases

By law, the Medical Examiner must be notified of any death which occurs suddenly and unexpectedly while the victim is in apparent good health, or whenever there is a suspicion that the death may be unnatural. Also reportable are deaths which occur in the workplace, and possible cases of public health interest (e.g. suspected but undiagnosed tuberculosis, meningococcemia, anthrax, tuleremia, etc.).
Time of Injury vs Time of Death

For the Medical Examiner, the time interval between an injury and the death is of no consequence. For example, a person dying from the complications of traumatic quadriplegia 20 years after a neck injury must still be reported to the Medical Examiner.
Reporting Deaths

Hospital deaths from natural causes in which a definite diagnosis has been made, despite the fact that the patient survived less than 24 hours, need not be reported to the Medical Examiner’s Office.

Deaths should be reported promptly to avoid delays in official investigations.

To report a death: 7 days a week
7:00 AM – 11:00 PM  call (631) 853-5555
11:00 PM – 7:00 AM  call (631) 852-6410
Death Report Content

The following information will be requested of the person reporting the death:

- Name of deceased, date of birth, age, sex, race or ethnicity, and marital status
- Home address
- Social security number
- Place removed from (if hospital reporting) or current location of dead body.
- Place of death
- Date and time of arrival in hospital
- Pronounced dead by:
- Date and Time:
- Name and telephone number of attending physician
- Reason for reporting death (history and circumstances)
- Have admission (particularly pre-transfusion) blood samples been placed on hold in your laboratory?
- Reminder: Has the New York Organ Donor Network been contacted?
It is the policy of the Office of the Suffolk County Medical Examiner to perform an autopsy on all cases coming under its jurisdiction

*exception*: persons dying from complications of an accidental hip fracture are not routinely autopsied

- The decision as to whether an autopsy is to be performed is, by statute, a Medical Examiner decision.
- Hospital personnel should not request permission for an autopsy in ME cases.
- If the family inquires about an autopsy, they should be referred to Medical Examiner personnel.
- If the family expresses any opinion about an autopsy (e.g. they do or do not want an autopsy performed), apprise the Medical Examiner staff of the family’s wishes.
Family Objections to Autopsy

Under such circumstances, the Medical Examiner staff will discuss the situation with the family after a review of all available information, including medical records and police reports.

If there is sufficient documentation to substantiate the cause and manner of death, the autopsy may be averted.

If there is a strong compelling reason to perform an autopsy (e.g. homicide or suspicion of homicide), the Medical Examiner may seek a court order for the autopsy.
• Results are routinely made available to treating physicians and hospitals (except homicides).

• Reports usually take several weeks to complete

• If autopsy results are desired before issuance of the final report, call the Medial Examiner’s Office (631-853-5555) with the name of the decedent and the date of death. Request to speak with the Pathologist who performed the autopsy.
If the physician has particular concerns about a patient or would like the Pathologist to look for, or evaluate something in particular:

- FAX these concerns and requests to the Investigations Section at 631-853-5330.

- Request must include your name and a call-back number.
University Hospital Autopsy Policy

- In NON-Medical Examiner Cases:
  It is the responsibility of the attending physician or his/her designee to obtain consent for autopsy on all deaths. The attempt to obtain this consent must be documented in the medical record by the attending physician or his/her designee. If the attending feels that it would be inappropriate to request a postmortem examination, then a statement expressing this matter must be entered into the medical record.
Definitions for Physicians

**Cause of death** - the disease or injury responsible for initiating the lethal sequence of events.

Note: The term “cardio-respiratory arrest” is meaningless for purposes of death certification; it is a description of being dead, not a cause of death.

**Mechanism of death** - the altered physiology and biochemistry whereby the cause exerts its lethal effect.

- Mechanisms of death lack etiologic specificity and are unacceptable as substitutes for causes of death.
- Common mechanisms of death include: congestive heart failure, cardiac arrhythmias, asphyxia, sepsis, exsanguination, renal failure, and hepatic failure.
Definitions for Physicians

**Manner of death:** explains how the cause arose:
- natural, accident, homicide, or suicide.

*note:* Natural deaths are defined as those that are caused exclusively by disease; accidental deaths result from an environmental tragedy (e.g. struck by lightning).

**Proximate cause of death:** that event which initiates an expected, foreseeable and unbroken series of ultimately fatal physiologic disturbances. It is of no concern how long before death this event occurred. Of importance is that an unrelated event (independent supervening factor) did not occur which initiated a fatal response independent of the event identified earlier.
Definitions for Physicians

**Immediate causes of death**: complications and sequelae of the underlying cause. There may be one or more immediate causes, and they may occur over a prolonged interval, but none absolves the underlying cause of its ultimate responsibility.

**EXAMPLE**: a man sustains a transabdominal gunshot wound with perforation of the colon (**proximate causes of death**). In spite of treatment over a period of three months, he develops peritonitis, septicemia, disseminated intravascular coagulation, hepatic and renal failure, bronchopneumonia, and the adult respiratory distress syndrome (**immediate causes of death**). The gunshot wound is still the underlying or proximate cause of death, and such a fatality must be reported to the Office of the Medical Examiner.
Notes for Physicians

- In instances of suspected poisoning or drug overdose, it is essential that samples of blood, urine, and gastric lavage, obtained at or about the time of admission to the hospital, be retained for appropriate chemical testing. Any potential Medical Examiner case should have all submission samples retained.

- All indwelling tubes, intravascular catheters, and drains should remain undisturbed in situ following the death of a person who is a Medical Examiner case.
Notes for Physicians

Complications of Diagnostic & Therapeutic Procedures:

It is recognized that any diagnostic or therapeutic procedure has attendant risks. Generally, a known and recognized complication will not be a Medical Examiner case.

Fatal complications that are not expected or are likely completely preventable would come under the Medical Examiner jurisdiction.
Next-of-kin may receive a copy of the Medical Examiner's Report. They must send a brief note, including name of deceased, date of death, and their relationship to deceased to:

OFFICE OF THE MEDICAL EXAMINER
BLDG. 487 NORTH COUNTY COMPLEX
HAUPPAUGE, NEW YORK  11787-4311

When the Report is completed, it will be sent to them at no charge.
By clicking the button below, you attest that you have viewed this presentation and have understood all its contents.

After clicking the button, you will be returned to the Orientation website.