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LOS ANGELES COUNTY

CASES FROM THE FORENSIC FILES
Coroner to the Stars
Medical Examiner vs Sheriff–Coroner vs Coroner

- 49 Sheriff–Coroner
- 6 Coroner (Sacramento, San Mateo, Calaveras, Humboldt, Inyo
- 4 ME Los Angeles, San Francisco, San Diego, Ventura
Section 24010 Government Code – ME

- Through ordinance can be appointed by BOS
- Invested with the powers and statutory responsibilities of the Coroner
- Shall be a licensed physician and Board Certified in Forensic Pathology
Directs the Coroner to inquire into and determine the circumstances, manner and COD of the following deaths:

- No physician in attendance
- Less than 24 hours in hospital
- Hasn’t seen a physician in 20 days prior to death
- Physician unable to state a COD
- Homicide
- Suicide
- Criminal act
- Related to a suspected self-induced abortion or criminal abortion
- Associated with rape or crime against nature
Government code 27491

- Following an injury or accident
- Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation or aspiration
- Poisoning/overdose
- Occupational incidents
- Known or suspected contagious disease or constituting a public health hazard
- All deaths in the OR
- All deaths where patients have not fully recovered from an anesthetic in surgery, recovery, or elsewhere
Government code 27491

- In prison/custody
- All solitary deaths
- All unidentified persons
- SUID (SIDS)
- State mental hospitals
Responsibilities of the ME–C

- Determine time of death
- Determine Cause of Death
- Determine Manner and circumstances of death (Homicide, Suicide, Natural, Accidental, Undetermined)
- Safeguard property
- Identify the deceased
- Notify next of kin
LACME–C

- Over 212 employees
- Over $34 million dollar budget
- 10 million plus jurisdiction
- 60,000 – 80,000 deaths per year
- 10,000 – 20,000 reportable
- 8,000 – 10,000 jurisdiction
- Over 8,700 autopsies performed last year
Upon declaration of death-notification
Initial walk through
LE CSI
Ok for removal/transport
Routine – Investigator: hair/nails/GSR
Not routine/SAK – Criminalist
Photo/x-ray/clothing removal & package
AUTOPSY

THE INSIDE SCOOP
Autopsy

- 25 forensic pathologists
- External/internal examination – techs
- Documentation into a typed protocol
- Diagrams
- Photos (not video)
- Toxicology
- Ultimately determine COD/MOD
Evidence

- Ultimately LE’s evidence
- Bullets released with all evidence only
- Dedicated evidence department
- GSR – analyzed (10 yrs); not (20 yrs)
Prior to autopsy

- Investigators report
- Medical records
- Scene photographs
- X-rays
- DME manual
- NAME guidelines (accreditation)
Undetermined COD/MOD

- If intact body – Tox/micro/neuro
- Consultations if warranted
- Standard for reaching COD/MOD is within a reasonable degree of medical certainty (ie more likely than not.)
- COD–undet, MOD homicide in rare instances
PMI

- Forensic taphonomy
- Algor – 1.5 F/12 hours; 1.0/hr thereafter
- Rigor – appears 2–4 hrs; fixed 6–12
- Livor – appears 1–2 hrs; fixed 8–12
- Forensic entemology
- Body farms
Manners of Death

- Natural
- Accident
- Suicide
- Homicide
- Undetermined
7151.15. (a) A county coroner shall cooperate with procurement organizations to maximize the opportunity to recover anatomical gifts for the purpose of transplantation, therapy, research, or education.
CA H & S Code Section – Donation After Cardiac Cessation

7151.15 (d) “...a procurement organization may notify a coroner of the anatomical gift, and a coroner shall accept the notification...”
7151.20 (d) If a county coroner is considering withholding one or more organs of a potential donor for any reason, the county coroner, or his or her designee, upon request from a qualified organ procurement organization, shall be present during the procedure to remove the organs. The county coroner, or his or her designee, may request a biopsy of those organs or deny removal of the organs if necessary.
“Shaken baby syndrome”

- Controversy among forensic pathologists
- “Triad” of RH, cerebral edema, SA/SDH
- Retinal hemorrhages – not specific to this “syndrome” – seen in other accidental head trauma, traffic accidents, even in SIDS and natural deaths
Fig. 1. Human retina as seen through an opthalmoscope.
Retinal hemorrhages
Since 2001, 16 convictions overturned (3ly)

2005–Britain's court of appeals affirmed that the clinical triad was not absolute proof of abuse

Last year in Sweden, Supreme Court ruled that the scientific support for the diagnosis of SBS “turned out to be uncertain.”

Since 2001, 1800 cases resolved; 1600 convictions; 200–charges dropped, dismissed, not guilty or overturned
J.H. Davis, MD and R.K. Wright, MD

Influence of the Medical Examiner on Cadaver Organ Procurement

“Patients who die from severe head injuries constitute a major reservoir of potential kidney donors, for such injuries usually occur in otherwise healthy individuals. Death from injury mandates a medical examiner’s investigation…..”
Christopher L. Jaynes, B.A., and James W. Springer, B.A., Certified Procurement Transplant Coordinator

Decreasing the Organ Donor Shortage by Increasing Communication Between Coroners, Medical Examiners and Organ Procurement Organizations

“Cooperation and clear communication with your Coroner–Medical Examiner...”
Letters to the Editor:

“…the recent article by Jaynes and Springer has unjustly created a negative depiction of the level of cooperation of Colorado coroners in their role in organ procurement procedures...the importance of communication among all agencies is imperative...”
The Role of the Medical Examiner/Coroner in Organ and Tissue Procurement for Transplantation

“Facts and principles concerning the role of the medical examiner or coroner in the procurement of organs or tissue for transplantation are presented....”
Stephen C. Kurachek, MD, Sandra L. Titus, Ph.D., Mike Olesen, RN, and Judson Reaney, MD.

Medical Examiners’ Attitudes Toward Organ Procurement from Child Abuse/Homicide Victims

“...obtaining forensic evidence for judicial purposes and releasing organs to children awaiting transplantation are not necessarily conflicting values...”
National Association of Medical Examiners Position Paper: Medical Examiner Release of Organs and Tissues for Transplantation

J. Keith Pinckard MD PhD, Roberta J. Geiselhart BSN F-ABMDI, Ellen Moffatt MD, Gregory A. Schmunk MD, Daniel L. Schultz MD, Suzanne R. Utley MD, Samantha B. Wetzler MD

ABSTRACT: The National Association of Medical Examiners (NAME) endorsed a position paper on the medical examiner/coroner (ME/C) release of organs and tissues in cases falling under ME/C jurisdiction in 2007; this paper has now sunsetting. The goal of this paper is to provide an update on ME/C denials and to reaffirm NAME’s position on this topic. In summary, it is the position of NAME that ME/Cs should permit the procurement of organs and tissues in cases falling under their jurisdiction, providing that there are cooperative agreements in place to ensure that ME/Cs are able to fulfill their legal mandates regarding determination of cause and manner of death and of appropriate collection and preservation of evidence.
OneLegacy Protocol

Provide all hospital medical documentation to the LACME–C for their review on all donation cases and as well as any additional clinical diagnostic testing.

Photos may be taken for the LACME–C as requested on a case–by–case basis.
On pediatric cases, OneLegacy will provide to the LACME–C:

- Skeletal bone survey
- Ophthalmology consult (r/o retinal hemorrhages)
- CT-scan of head, chest, abdomen, and pelvis
- Any other clinical diagnostic testing as requested by LACME–C
Injury 1/2/15 @ 02:00. Co-sleeping with father on bed
Father awoke to “thump” and saw child on hardwood floor
Called mother first; grandmother came over; 911
EMS arrived – GCS 12 w/ upward gaze
Upon arrival to Cottage, GCS 6 w/ decorticate posturing
Evaluated with SDH and several docs stating c/w NAT
Transferred to another hospital for higher level of care
Attending MD in PICU – NAT
SDH with P–T right frontal SA hemorrhage; no RH; skeletal survey, including neck CT, negative
Pronounced brain dead on 1/5/2015
D.A. In Another County

- 1/6/2015 informed that they wanted jurisdiction and also did not want organ harvesting performed; lengthy discussion about pros/cons, etc. Offered that my office could handle the case. DA requested Dr. Pena to perform the autopsy, given his solid reputation.
- 1/8/2015 recovery at hospital in L.A.
Observations At Autopsy

- No optic nerve sheath hemorrhages
- No posterior rib fractures
- No healed rib fractures
- “Clean Baby” without obvious injury
Healed Rib Fractures
Skull And Brain Observations

Blood clot or hematoma beneath dura
Bone
Dura mater
Both Dr. Pena and myself were in the OR with OneLegacy.

No organ trauma observed on diagnostic testing requested from OneLegacy (skeletal survey, CT–scan of entire body, ophthalmology consult, etc.).

Nothing abnormal in the thoracic or abdominal cavity.
Findings

- Posterior parietal, bilateral SDH
- Optic nerve sheath hemorrhages. Secondary increased intracranial pressure. No retinal hemorrhages identified.
- Left posterior periostial/subgaleal hemorrhage–1 inch
- No skull fractures
- Diffuse cerebral edema
- Died as a result of acute intracranial hemorrhage due to blunt force trauma of the head. A f/u by L.E. revealed no foul play and autopsy findings correlate with the terminal fall event.
- How injury occurred–fall from height; Accident
Savings Lives!

- Heart transplanted to a male child
- Liver transplanted to a male child
- Kidneys en-bloc transplanted to an adult male
THANK YOU