



NAME International Newsletter

JULY 2016 - VOLUME 1, ISSUE 3

Index

NAME Welcomes Its Newest International Corresponding Member!	2
NAME's Education Program Publications Committee	3
International Feature: The Medicolegal Death Investigation System in South Africa	5
ME/C/Forensic Offices Willing to Accept International Visitors and/or Trainees	10
Future Meetings	10

NAME 2016 ANNUAL MEETING

“NAME GOLDEN JUBILEE MEETING -
CELEBRATING OUR PAST, INSPIRING OUR FUTURE”

50TH ANNIVERSARY

MINNEAPOLIS, MINNESOTA
SEPTEMBER 7-13, 2016
HYATT REGENCY
MINNEAPOLIS REGISTER NOW

*THE 2016 NAME ANNUAL MEETING ACADEMIC PROGRAM IS AVAILABLE [HTTP://WWW.NAME2016.ORG/](http://www.name2016.org/)

50TH ANNIVERSARY MEETING

National Association of Medical Examiners

NAME 2016 Annual Meeting
September 7-13, 2016
Hyatt Regency Minneapolis
Minneapolis, MN

SAVE THE DATE!

thename.org



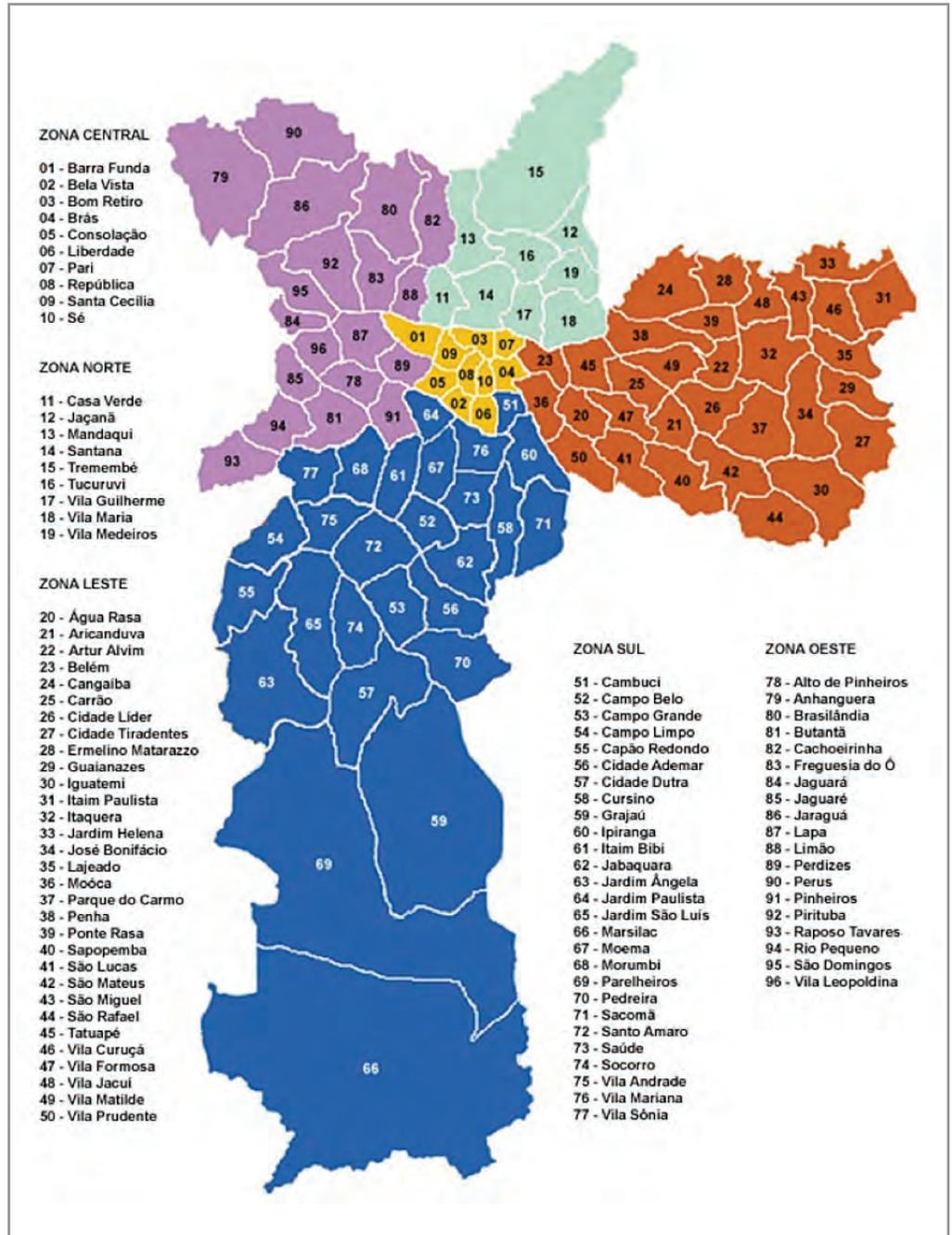
PROGRAM CHAIR -
DR. DIANNE LITTLE,
MBBS, AUSTRALIA

NAME WELCOMES ITS NEWEST INTERNATIONAL CORRESPONDING MEMBER!



Dr. Jacques Cohen, Brazil

Dr. Jaques Cohen is a Medical Examiner in Brazil. He attended medical school 1986-1993 at Escola Paulista de Medicina and was a Second Lieutenant Air Force Official in 1994. In 2010, he studied radiology, medicolegal death investigation, and forensic pathology/postmortem forensic examinations. Dr. Cohen is currently an administrator and practices forensic pathology in the São Paulo South area examining both living and deceased individuals. He has performed an estimated 2000 autopsies. The large blue area depicted in the map below is this south part Sao Paulo. The area is 607 km², and the population is approximately 2.5 million!



Attendees of NAME meetings likely recognize Dr. Jaques Cohen's face and/or name. Familiar with and supportive of NAME, he has attended several NAME meetings, the most recent in Charlotte, NC. Outside of forensic pathology, Dr. Cohen's interests include reading, travel, and smoking cigars! NAME is privileged to have Dr. Jaques Cohen as its newest International Corresponding Member!



Left: Brazilian colleague of Dr. Cohen, Dr. Paulo Sergio Tieppo Alves, who has attended and presented at NAME meetings.
Right: NAME's newest International Corresponding Member, Dr. Jaques Cohen.

For information on becoming a NAME member or International Corresponding Member go to www.thename.org or contact Dr. Kim A. Collins at kimcollinsmd@gmail.com.

International Corresponding Member application can be downloaded from: https://netforum.avectra.com/Public/DocumentGenerate.aspx?wbn_key=47731abb-b77f-4d37-a73f-a5f3517aca0b&SITE=NAME

NAME'S EDUCATION PROGRAM PUBLICATIONS COMMITTEE

A BUSY GROUP OF HARD-WORKING, PRODUCTIVE MEMBERS SERVING NAME



Sally Aiken, MD,
Chair of the Education Program Publications (EPP)-Program Subcommittee and Meeting Planning

This active NAME committee has 23 members including Denise McNally and Tara Snethen, a professional meeting planner who NAME shares with the American Society of Investigative Pathology (ASIP). Denise and Tara negotiate for meeting sites and prices based on NAME needs. The annual meeting rotates from a site in the western United States to the east, then central U.S. The size of the committee has increased to allow for a reasonable number of NAME members to review and consider abstracts for the annual meeting. The committee is fortunate to have a number of younger NAME members, as well as seasoned abstract reviewers. Conscientious abstract review is essential to providing continuing education credits via quality presentations.



NAME meeting in Baltimore, Maryland



NAME meeting in Cleveland, Ohio

The group carefully considers the feedback provided by each attendee at both interim and annual meetings. For example, feedback from the Charlotte meeting indicated that 2/3 of attendees would prefer to replace the traditional annual fieldtrip with more concentrated continuing education. A workshop format will be piloted this year for Sunday afternoon. The committee members tally feedback about meeting topics of interest to members, and work to tailor programs accordingly. NAME members have expressed interest in presentations about deaths in custody, updates in forensic radiology, new infectious disease diagnostics, toxicology updates, among others. We have attempted to make the interim meeting more single-theme based. Interim programs for the last 3 years have included several invited speakers, creating some challenges for travel funding. The NAME Foundation generously donated travel funds for one speaker at the Las Vegas meeting.



NAME Meeting in Las Vegas, NV

The EPP-Program subcommittee nominates and recruits chairpersons for the annual meeting and interim meeting. The group plans the interim meeting 2 years ahead of date, and selects annual chairs 5 years before. The annual chairs work on the committee for these years and are paired with a meeting chair. That time allows the chairperson an opportunity to review abstracts and train for making meeting decisions. The 50th anniversary meeting in Minneapolis (NAME Golden Jubilee Meeting: Celebrating our Past, Inspiring our Future), is chaired by Dianne Little. It will feature some NAME history, and will definitely be a celebration. The committee members enjoy serving NAME, welcome input, and look forward to joining you at the upcoming annual meeting!

INTERNATIONAL FEATURE: THE MEDICOLEGAL DEATH INVESTIGATION SYSTEM IN SOUTH AFRICA



Death Investigation and
Forensic Pathology in
South Africa by
Dr. Gert Saayman,
MBChB, FCFORPath
Forensic Pathologist
Chief Specialist: Forensic
Pathology Service, Pretoria

The Dutch were the first Europeans to settle in substantial numbers in Southern Africa, following the landing of Jan van Riebeeck on the shores of Table Mountain in 1652. However, by the mid 1800's, the sprawling British empire had spread to include the Cape Colony and although Roman-Dutch law still underpins many of the legal principles in of the South African legal system, the current death investigation process is largely a product of the British colonial system. Substantial changes have however been introduced in respect of inquests, not least of which is the fact that a magistrate presides over these inquisitorial proceedings (sometimes assisted by expert medical assessors) and that juries play no role.

South Africa has a population of approximately 50 million people, but it is important to appreciate that a very substantial (additional) component of transient and illegal immigrants are present in the country at any point in time. This component of the population - from a forensic medical and death investigation perspective - presents significant challenges, since such members of society often do not have or carry formal identification documents, are often not of fixed address, are more likely to be in conflict with the law and may in general, be at greater risk of non-natural death.

FIGURE 1: SOUTH AFRICA



The nine provinces in South Africa all provide death investigation services in terms of clearly defined legislation, including primarily the provisions of the Inquests Act, the Registration of Births and Deaths Act, the National Health Act and the Health Professions Act. The Inquests Act of 1959 prescribes that all non-natural deaths must be reported to the police and that the police are obliged to investigate such deaths. For many decades, the police were the primary agency responsible for death investigation, with all medicolegal mortuaries residing under the jurisdiction of the South African Police (SAPS) - including full administrative control and management of mortuaries and with virtually all staff members (including dissection assistants) being comprised of police officers. Medical practitioners (who were appointed by the Department of Health) were however responsible for conducting the medico-legal autopsies and compiling autopsy reports.

The alleged or possible involvement of police officers in the demise of persons involved in the political struggle for democracy in South Africa (such as the internationally notorious incident pertaining to Steve Biko) and the perceived or possible allegiance of some medical practitioners to the police authorities with whom they worked at mortuaries, was a catalyst in bringing about statutory and organisational changes whereby the jurisdiction of medico-legal mortuaries and the medico-legal investigation of death process,

was largely transferred to the department of health. Today, all medicolegal mortuaries are funded from the health budget and are fully managed by administrators, forensic officers and pathologists/medical practitioners in the full time or part time employee of the (provincial) departments of health. It is nonetheless the expectation that every autopsy will be attended by the police detective responsible for investigating that case, although such attendance is unfortunately not uniform or always forthcoming (especially in relatively “low profile” cases, such as motor vehicle accidents, etc.).

In cases where a person may have died from other than natural causes or where the cause of death is not initially apparent, the police are first dispatched to the scene of death, from where they will activate the forensic pathology service, with forensic officers (in the employ of the department of health) then being responsible for collecting the bodies of deceased individuals from the scene. In the vast majority of cases, medicolegal autopsies are conducted within a day or two of admission of the body. In some cases where the cause of death is initially not apparent or probably due to natural causes, partial autopsies will be performed only to the extent required to establish the presence of underlying disease and which will adequately explain the cause of death. In a small minority of cases only a viewing will be performed and - based upon further input and information derived from the police and/or family members - forensic medical practitioners may issue certificates of natural cause of death, without conducting any dissection of the body. In 2007, the relatively bold step of legally defining the entity of non-natural death was taken, thus facilitating the categorisation of deaths by authorities and in particular, by medical and nursing personnel.

South Africa is geographically a relatively large country, with vast parts thereof being very sparsely populated. This complicates the roll-out of specialised services (such as medicolegal investigation of death), especially in rural areas. There are currently well over 50 specialist forensic pathologists registered with the Health Professions Council of South Africa, having undergone residency training (at an accredited medical school) in anatomical and forensic pathology for periods of four to five years, before taking their examinations. There is a very active postgraduate training program, with on average, 30 to 40 residents (in forensic pathology)

being in training at mortuary facilities affiliated with medical schools across the country, thus producing five or six specialist forensic pathologists annually. Over the past few decades however, there has been a slow net growth in numbers of practicing forensic pathologists, as relatively large numbers of qualified specialists have left the country - probably due to political uncertainties in this country and because of substantially higher income potential in some other countries, whilst some are being lured into the private sector



Pretoria Medicolegal Mortuary and Laboratory





Pretoria Medicolegal Laboratory: Annual tree planting ceremony
Right: Dr. Gert Saayman



Pretoria Medicolegal Laboratory and “usual guests”



Pretoria Medicolegal Laboratory: Annual tree planting ceremony

At most of the larger medico-legal mortuaries specialist forensic pathologists, trainee pathologists and medical practitioners who have successfully sat for the Diploma in Forensic pathology (offered by the Colleges of Medicine of South Africa) will conduct on average two to three autopsies on four days of any week (usually having one autopsy-free day per week). Although there may be substantial variation between facilities in this regard, especially where tertiary academic activities may add to the service burden, most forensic medical practitioners here perform approximately 300-400 autopsies per year. It is worth noting that virtually all medical schools still have active undergraduate teaching programs in forensic medicine, with senior medical students attending medicolegal autopsies for periods of one to two weeks, usually in their fourth or fifth year of training. It is also important to note that there is virtually no restriction on pathologists in deciding the scope and nature of the autopsy procedure and on the required special investigations: although infrastructure may be somewhat lacking at smaller / rural facilities, every specialised service is essentially available across the country when needed: this includes photography support from the police, histology, toxicology, a full spectrum of forensic DNA analyses, ballistic examinations, microbiological/anthropological/entomological and other tests/services. Currently, at least four mortuaries in SA are equipped with Lodox digital radiology apparatus, whilst other larger facilities will have regular X-ray services or fluoroscopy apparatus (C-arms) available for radiological examinations. At some of the larger / academic centres, arrangements have been made for postmortem CT scanning where required. Overall, more than fifty thousand medico-legal autopsies are annually conducted in SA.



Pretoria Medicolegal Mortuary – Lodox



Bloemfontein Medicolegal Laboratory



Bloemfontein Medicolegal Laboratory



Bloemfontein Medicolegal Laboratory



Bloemfontein Medicolegal Laboratory



At most mortuaries, there has been a very large increase in budget allocation over the past decade in respect of the rendering of forensic pathology services, and many new facilities have been built. In addition, substantial numbers of non-medical staff members have been appointed, better equipment levels have been achieved and significant progress has been made with development of guidelines, infrastructure and protocols for service delivery. Recently, the National Forensic Pathology Service Committee has been constituted, with members being appointed by the National Minister of Health. It is within the mandate of this committee to generally advise the Minister and

health authorities on the rendering of medicolegal investigation of death services, on improvements and alterations to relevant legislation and on matters relating to academic teaching and research in the field of forensic medicine/pathology. This committee is currently actively reviewing the legislative framework within which forensic pathology services are rendered, also with the aim of introducing accreditation guidelines, establishing universal operational protocols and introducing better service delivery directives (including implementation of service level agreements between different agencies such as health, police and justice). This is indeed a remarkable opportunity for forensic

pathologists, in conjunction with police officials, state prosecutors and other role players, to define and refine the death investigation landscape within South Africa. Thus we have achieved a remarkable improvement in organisation and in securing improved funding and resource allocation for this important social service in recent years. There are still many challenges that lie ahead, not least of which is the rather precarious state of our forensic toxicology services (primarily because of a large service backlog), but health authorities and law enforcement agencies have clearly indicated their commitment to resolving this problem.



Dr. Gert Saayman, Forensic Pathologist



Left: NAME President Dr. Dave Fowler, Baltimore, Maryland, US
Right: Dr. Gert Saayman, Pretoria, South Africa



ME/C/Forensic Offices Willing to Accept International Visitors and/or Trainees

- 1 Mark Fajardo, CME/C County of Los Angeles
- 2 Mario Rascon, CME El Paso County, TX
- 3 Roger Mitchell, OME in DC
- 4 Lubi Dragovic, Oakland County, Michigan
- 5 Feng Li, Nashville, TN
- 6 Richard Harruff, CME King County, Seattle, Washington
- 7 Steve Cohle, CME Grand Rapids, Michigan
- 8 Wendy Gunther, OME Norfolk VA
- 9 John Lott, RN, Knox County Regional Forensic Center, Knox County, TN
- 10 Randy Frost, OCME Bexar County, TX
- 11 Mike Kobayashi, Department of the ME, Honolulu, HI
- 12 Dave Fowler, OCME Baltimore, MD
- 13 Kurt Nolte, New Mexico OMI

Do you have an
idea, comment
or Suggestion?

Please contact **Kim A. Collins**
kimcollinsmd@gmail.com

FUTURE MEETINGS Of Affiliated National Associations and Collaborating Organizations

NAME 2017 Interim Meeting

February 14, 2017

Law Enforcement Deaths
Hyatt Regency, New Orleans
New Orleans, LA

NAME 2017 Annual Meeting

October 13-17, 2017

DoubleTree Resort by Hilton Paradise Valley - Scottsdale
Scottsdale, AZ

NAME 2018 Interim Meeting

February 20, 2018

Emerging infections, new diagnostic methods
in microbiology, microbiology and the autopsy
WA State Convention and Trade Center, Seattle, WA

NAME 2018 Interim Meeting

February 20, 2018

Emerging infections, new diagnostic methods
in microbiology, microbiology and the autopsy
WA State Convention and Trade Center, Seattle, WA

NAME 2019 Interim Meeting

February 19, 2019

Forensic radiology, MRI and CT reading refreshers,
hosting MRI/CT equipment in the office
Baltimore Convention Center, Baltimore, MD

10th Annual National Missing & Unidentified Persons Conference

August 17-19, 2016

Pre-Conference August 15-16, 2016 Atlanta, GA
https://www.ncjtc.org/CONF/hidden_victims/Pages/Hidden_Victims.aspx

International Forensic Photography Workshop

October 31- November 4, 2016

"A comprehensive workshop, consisting of lectures and
hands-on sessions designed for those in the forensic
and law enforcement fields."

Miami Dade County Medical Examiner Department
Miami, FL

<http://www.miamidade.gov/medicalexaminer/forensic-photography-training.asp>

American Academy of Forensic Sciences 69th Annual Scientific Meeting

February 13-18, 2017

Our Future Reflects Our Past: The Evolution of Forensic Science

Hyatt Regency New Orleans

601 Loyola Ave

New Orleans, LA, US 70113

http://www.aafs.org/meetings/aafs-69th-annual-scientific-meeting-new-orleans-louisiana-2017/

World Association for Medical Law 23rd WAML World Congress

February 19, 2019 July 10 - 13, 2017

3 Major Sub-Themes:

- Medical Law and Bioethics Education - 11 July
- Bioethics, Religion and Multiculturalism - 12 July
- Challenges of Medical Law and Legal Medicine in XXI Century - 13 July

Baku, Azerbaijan

http://wafml.memberlodge.org/23rd-World-Congress-for-Medical-Law-Baku-Azerbaijan

21st Triennial Meeting of the International Association of Forensic Sciences

August 21-25, 2017

Inter-Professional Collaboration in Forensic Science

Toronto, Ontario, Canada

<http://iafstoronto2017.com/>

10th International Symposium Advances in Legal Medicine (ISALM) combined with the 96th Annual Conference German Society of Legal Medicine

September 11-15, 2017

Düsseldorf/Cologne, Germany

Website: <http://www.isalm2017.de>

Languages that NAME members speak other than English

- | | |
|-----------------|----------------------|
| 1. Bengali | 14. Malayalam |
| 2. Bulgarian | 15. Mandarin Chinese |
| 3. Chinese | 16. Marathi |
| 4. Dutch | 17. Polish |
| 5. French | 18. Portuguese |
| 6. German | 19. Punjabi |
| 7. Gulla/Geeche | 20. Russian |
| 8. Hindi | 21. Sinhala |
| 9. Irish Gaelic | 22. Spanish |
| 10. Italian | 23. Tamil |
| 11. Japanese | 24. Urdu |
| 12. Kannada | |
| 13. Korean | |

NAME International Newsletter Production Team

Editor-in-Chief
Kim A. Collins

Coordinator
Denise McNally

Graphic designer
Raul Vergara