



NAME *International Newsletter*

APRIL 2018 - VOLUME 3, ISSUE 1

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SAVE THE DATE

**OCTOBER
12-16
2018**



National Association of Medical Examiners

2018 Annual Meeting & Exhibits

**Hilton West Palm Beach
October 12-16, 2018**

Theme
“Forensic Pathology in the
Palm of Your Hand”

Start making plans to attend AND to submit an abstract for presentation. The theme is meant to stimulate ideas for submissions and allow the Program Committee to organize some topics into section blocks. It should not discourage one from submitting an abstract that falls outside of these themes. Presentation options will be short platform (20 minutes

or less), long platform (one hour or less), workshop (greater than one hour), and poster. If submitting an abstract for a platform presentation, the submitter will indicate the estimated duration of his/her program. Each abstract submission will require companion questions for self-assessment modules (SAMs). Specific directions will be available on the abstract submission site.

We invite you to submit your abstracts online at <http://bit.ly/NAME2018Abstracts>

Please read the instructions provided online carefully. Mailed, faxed, or emailed abstracts will not be considered by the selection committee. Deadline for submission of abstracts is 11:59pm Eastern Time, **May 14th**.

NAME WELCOMES ITS NEWEST INTERNATIONAL CORRESPONDING MEMBER!



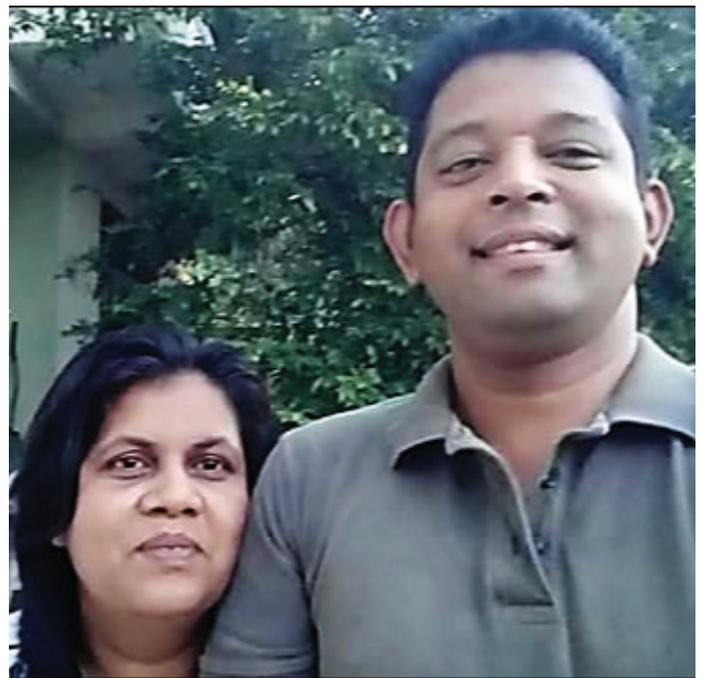
Dr. Dilhani Amarasinghe,
Forensic Pathologist, Sri Lanka

The members of NAME are honored to welcome its newest International Corresponding Member, Dr. Dilhani Amarasinghe! Dr. Amarasinghe received her Diploma in Legal Medicine in 2014 at the Post Graduate Institute of Medicine University of Colombo, Sri Lanka. She continued to receive her Doctor of Medicine (Forensic Medicine) in 2016 at the Post Graduate Institute of Medicine University of Colombo, Sri Lanka. She is a senior registrar in forensic pathology at the teaching hospital Karapitiya; her trainer is Dr. Rohan Ruwanpura.

At the same time, she underwent training in Forensic Medicine in the Faculty of Medicine, University of Ruhuna, Sri Lanka, under Dr. U.C.P Perera. Currently, Dilhani is training at the District 4 Medical Examiner's Office in Jacksonville, Florida, USA under the supervision of Dr. Valerie Rao, Chief Medical Examiner and active NAME member.

Dr. Amarasinghe has a wonderful and supportive family who accompanied her to Florida, USA for her forensic training. Her husband, Dr. Muditha Amarasinghe, is a hospital administrator. Their son, Nipuna (14 years), and daughter, Nikini (15 years), are beautiful, smart children now studying in school in Jacksonville, FL.

The family enjoys the outdoors, taking pilgrimages during vacations. They appreciate the beautiful country with its waterfalls, forests, and wildlife. Muditha, a physician also, enjoys history and is an avid reader. Nikini (15) is an enthusiastic reader like her parents. She is especially a fan of the Sherlock Holmes mysteries. And, in her words, she is a "crazy fan of Harry Potter"! Nipuna (14) is a super cricket player and is on his school cricket team in Sri Lanka. He is also very interested and skilled in archery! Both children are terrific swimmers!



Dr. Dilhani Amarasinghe and her husband,
Dr. Muditha Amarasinghe



Nikini (15 years) and her father, Dr. Muditha Amarasinghe



Dilhani and her daughter, Nikini (15 years)



Drs. Muditha Amarasinghe and Dilhani Amarasinghe



Nikini (15 years) and Muditha



Dilhani and her son Nipuna (14 years)



Dilhani and Muditha



Nipuna playing cricket



WHY SHOULD YOU JOIN NAME AS AN INTERNATIONAL CORRESPONDING MEMBER?

JOIN US!

The National Association of Medical Examiners

The Organization for Forensic Pathologists and Medicolegal Death Investigators
www.thename.org

Why Should You Join?

International Corresponding Membership is \$90 (US\$)/year

NAME International member benefits:

- ✓ Free Academic Forensic Pathology Journal, the peer-reviewed journal of NAME
- ✓ Discount registration at annual meetings
- ✓ Opportunity to serve on NAME committees
- ✓ NAME listserv; be a part of lively educational discussions via email! A true learning experience!
- ✓ Office accreditation opportunities
- ✓ Access to member only sites on NAME website
- ✓ Access to NAME consensus position papers
- ✓ Access to autopsy standards
- ✓ Access to policies and procedures for medical examiners and coroners
- ✓ Access to consultants
- ✓ NAME is the largest organization of forensic pathologists AND medicolegal death investigators
- ✓ Networking with local, national, and international colleagues
- ✓ Opportunities for visits or training at a US medical examiner's office
- ✓ NAME is a forum for the exchange of information, ideas, and experiences between forensic pathologists AND medicolegal death investigators

NAME is here for you!

When you contact NAME or attend the meetings, we want you to feel comfortable.



NAME SPECIAL FEATURE: THE NAME AUTOPSY STANDARDS



Dr. James Gill

One goal of NAME is to promulgate practice standards. Medical practice standards are defined as the level at which an ordinary, prudent professional having the same training and experience in good standing in a similar community, would practice under similar circumstances. Early efforts by NAME focused on the operational aspects of medical examiner offices, resulting in the well-known Office Accreditation Checklist. This checklist, which involves the Inspection and Accreditation Committee (I&A) is controlled by the NAME Board of Directors. It, however, does not directly address the professional aspects of individual death investigations. President Michael Bell directed a committee to develop such standards. The principal objective of these standards was to provide a constructive framework that defines the fundamental services rendered by a professional forensic pathologist. In 2005, these standards were approved by the NAME membership and were recently updated in 2016. Deviation from these performance standards is expected only in unusual cases when justified by considered professional judgment.

Since autopsy practice may change over time, there is a mechanism to amend the standards by any NAME member. NAME's Standards Committee reviews all proposed changes and coordinates with the authors to ensure each proposed change is logically and grammatically consistent with the existing Performance Standards. The Committee then brings each proposal to the NAME Board of Directors with the committee's recommendation for consideration at the Annual Meeting. Finally, all amendments (other than minor changes to correct grammar, punctuation, spelling or other self-evident inconsistencies) must be voted on and receive a majority vote of those members in attendance.

The covered topics of the NAME autopsy standards include autopsy documentation and reporting, selection of cases, and ancillary studies. For example, one standard describes deaths that require investigation (Standard A2). These include deaths due to violence or of persons in custody, unexpected or unexplained deaths of infants and children, etc. Another standard lists what deaths require an autopsy (Standard B3). These include deaths known or suspected to have been caused by apparent criminal violence, unexpected and unexplained infant or child deaths, those associated with police action, etc. Another standard addresses which deaths require radiographs (Standard G25). These include all infants, all gunshot wound victims, etc. There are several standards (Section E) on the proper documentation of a variety of injuries (e.g., firearm, sharp, patterned, etc.).

The Committee also is involved with monitoring other pathology organizations with regard to autopsy standards as well as assisting in the process for NAME position papers. Per NAME's procedures for submitted position papers, the Standards Committee will coordinate with the Position Papers Committee (a subcommittee of the Education, Program, and Publication Committee) to ensure that position papers do not inadvertently result in new standards that conflict with, or appear to alter, NAME's Forensic Autopsy Performance Standards.

THE DEATH INVESTIGATION SYSTEM IN SRI LANKA

By Dr. Dilhani Amarasinghe



Located just off the tip of India (see map above), Sri Lanka is a beautiful tropical island surrounded by water. Sri Lanka is one of the best safari destinations outside of Africa and host a wide diversity of wildlife, geography, and unique ecosystems. The country covers an area 25,332 square miles (about the size of Ireland) and has a population of approximately 21.2 million. Sri Lankans are

privileged by free healthcare delivery system impressive health indicators. The current death rate is 6.2/1000 people, infant mortality rate is 8.4 /1000 live births, and maternal mortality rate accounts for 30/100,000 live births.

Death Investigation in Ancient Sinhalese Kingdom

There are several historical accounts that are evident of the existence of a unique death investigating system in Sri Lanka before the Coroner system of England was introduced during the British era. In the ancient Sinhalese kingdom, among the organs which administered justice such as Gamsabhava, Ratasabhava and the courts of the Royal officials (vidanes, liyanaralas, mohottalas, korales, disaves and adigars) there had been a tribunal by the name of “Sakki Balanda”[Evidence based Inquiry], composed of the prominent men of the district, which inquired in to sudden deaths. It is stated that the duty of these officials of Sakki Balanda was to find out the cause of death and mode of death. No one had been allowed to touch a dead body until the process of Sakki Balanda was concluded. For example, the body of a person who had committed suicide by hanging was not supposed to be brought down until this process was completed. Although the functions of this tribunal has been compared to that of the coroner’s court today, there is very little authority on the precise functions allocated to these courts. As Sri Lanka has inherited the present system from the British, it is interesting to note how the English Coroner system has emerged and evolved over the years.

(from “A CRITICAL ANALYSIS OF THE PRESENT SYSTEM OF INVESTIGATION OF DEATH IN SRI LANKA” by Chandima Wijebandara)

Sri Lanka continued with the British Colonial Death Investigation system, so called coroner system, even after the independence from the British Governance in 1976. This system had been evolved for centuries combined with the Roman-Dutch legal system in Sri Lanka to bring about the death investigation by the Magistrate and Inquirer Into Sudden Death, practicing at present. In Sri Lanka, clinical forensic medicine and forensic pathology have been combined and are taught and practiced as a single specialty under forensic medicine. The practice of forensic medicine in Sri Lanka is unique in that judicial medical officers are vested with overall responsibility for medicolegal work, which is not restricted to homicides and suspicious deaths but also includes clinical examination of live patients with injuries, as well as

victims of sexual and other forms of abuse. The forensic clinical aspect of the work absolves clinicians from becoming involved in medicolegal matters, particularly from court attendance.

Medicolegal work in Sri Lanka consists of (1) performance of medicolegal autopsies; (2) clinical examinations, which include injuries due to assaults or accidents, torture in custody, child abuse, sexual abuse and rape, and estimation of age in children; and (3) examination of intoxicated individuals, mainly drivers under the influence of alcohol.

The responsibility of forensic science investigations are mainly relied upon the Government Analyst's Department, with some involvement with hospital and private laboratories

The Code of Criminal Procedure Act, permits medicolegal work to be carried out by state medical practitioners who are registered with the Sri Lanka Medical Council and who are either government medical officers or members of the forensic medicine departments in the medical faculties of the universities recognized by the University Grants Commission. All forensic medicine service units except for the main unit in Colombo [Institute of Forensic Medicine and Toxicology] has been affiliated with State sector hospitals. In major hospital centers, the Board Certified Forensic Pathologists/ Clinical Forensic Physicians and their subordinating medical staff perform medicolegal examinations. In peripheral hospitals, medicolegal duties are carried out by Judicial Medical Officer (JMO) who are qualified with Diploma in Legal Medicine (DLM) or Medical Officers – Medico-Legal with special in-service training in forensic medicine. The forensic medicine departments of the national universities share portion of the medicolegal work [about 30%] in the major Teaching Hospital Centres.

Clinical Examination of Patients

Though not strictly stipulated, Sri Lankan legal system expects the hospital staff to inform the police about all patients who approach the hospital including private hospitals or individual medical practitioners for treatment of injuries sustained under suspicious circumstances such as accidents, assaults, domestic violence, battered children, sexual abuse, and rape. The police then inquires into the matter and issues a medicolegal examination form requesting a medicolegal report from the judicial medical officer. Some times, victims of such

circumstances may initially approach the police and then referred for medicolegal examination to a designated forensic practitioner. There have been certain cases when the Court of Law may directly refer the victim of alleged abuse or assault to the forensic medicine unit for clinical examination, especially those individuals with mental subnormalities and drug abuse.

The final medicolegal reports contain a detailed description of the injuries, an opinion as to cause and the type of weapon, and a category of hurt based on the classification given in the penal code of Sri Lanka. This classification categorizes the severity of the injuries in to “nongrievous hurt,” “grievous hurt,” “endangering life,” and “injuries that are fatal in the ordinary course of nature,” It covers the range of injuries from an abrasion caused by a blunt weapon to a gunshot wound caused by a firearm, thereby endangering the life of the victim. According to the penal code, an injury caused by dangerous weapons or means carry a higher punishment.

Examination of Intoxicated Individuals

Although Sri Lankan laws allow breathalyzer testing on drivers suspected of driving under the influence of alcohol [with over 80mg%] and/or drugs, the police usually take these individuals to a medical doctor for clinical assessment. The main objectives of an additional clinical examination of such detainees are to obtain collaborative clinical evidence with the blood alcohol levels and to eliminate other medical or traumatic conditions such as head injuries, that may mimic intoxication with ethanol. However, clinical examination is a subjective matter that often results in non-collaborative and contradicting findings. These examinations of intoxicated persons, as well as the examinations of victims and assailants of sexual abuse, are considered medicolegal emergencies and are carried out on a 24-hour basis. Blood alcohol levels are not routinely assessed on these individuals due to resource constrains. Toxicology access is very limited because the facility is available only with the Government Analyst.

Medicolegal Death Investigation

The present medicolegal death investigation system in Sri Lanka is a continuation of the British coroner system, which was in existence when the British left the island in 1948. In Sri Lanka, magistrates investigate suspicious deaths, homicides, deaths in custody, deaths in prisons and leprosy asylums, and deaths due to criminal negligence.

All other sudden and unexpected deaths are investigated by coroners or “inquirers into sudden deaths” who are appointed by the Ministry of Justice. These death investigators rely heavily on the evidence given by attending relatives and hospital records to provide a cause of death in natural and sudden, unexpected circumstances. In the absence of a cause of death provided by the attending doctor during the hospital stay, and in cases of accidents, suicides, and homicides, the death investigators have the legal authority to order medicolegal autopsies. The prevailing system does not have provisions for the clinician who attended the diseased to request a medicolegal post mortem but to request an inquest from the police which will be carried out by the Inquirer in to Sudden Deaths or a Magistrate if required (e.g. Death of a prisoner in hospital).

What is an inquest?

Certain deaths, in-hospital and out-of-hospital, are reported to an Inquirer who may decide to hold an inquest. The inquest is a fact-finding inquiry about a death. It is not held to accuse anyone responsible for a death. There is no prosecution or defense. The main objectives of an inquest are to establish the identity of the deceased person and establish the cause, manner and circumstances of the death. The findings of the inquest may be used for further judicial investigation.

Who conducts an inquest?

In the legal system of Sri Lanka, an inquest is conducted either by an Inquirer into Sudden Deaths (ISD) or by a Magistrate.

The ISD is appointed by the Ministry of Justice. Most instances, the ISD are a lay person. They are not either Medical or Legal experts. The minimal educational requirement to be appointed as an ISD is passing the GCE Ordinary Level examination. He should be a resident in the area to which he is appointed. The ISD has powers to summon any witness to give evidence and produce any documents relevant to the inquiry of the death. If somebody fails to do so, the ISD may issue a warrant for the apprehension and produce this of such a person before him. The ISD has powers to fine or to order imprisonment of a person who fails to appear before him when summoned.

When does an inquest become necessary?

It is the medicolegal duty of the attending doctor to issue the “medical certificate of cause of death” if known, when a patient dies of a natural cause. If the doctor is unable to give the cause of death, an inquest is required.

Subsection 370 of the CCP of Sri Lanka states that every inquirer on receiving information about a person who has been:

- (A) Committed suicide,
- (B) Killed by an animal or by machinery or by an accident, or
- (C) Died suddenly or from a cause which is not known,

shall immediately proceed to the place where the body of such person is and shall make an inquiry and draw up a report.

Also, deaths while in the custody of police, in prison, or in a mental or leprosy hospital should be reported to the magistrate for an inquiry.

In a hospital setting, the doctor in charge of the patient is expected to request an inquest if a patient under his care dies under the following circumstances:

- (a) The cause of death has not been ascertained.
- (b) Death due to road traffic accidents and other transport accidents.
- (c) All other accidental deaths.
- (d) Death due to suicidal acts.
- (e) Death due to violence.
- (f) Death of an inmate of prison, mental or leprosy hospital and while in police custody.
- (g) Death due to medical, surgical or anesthetic procedures or immediately afterwards.
- (h) Death following administration of blood, blood products or a drug.
- (i) Death due to animal bites, rabies or tetanus.
- (j) Death due to suspicious circumstances.
- (k) All maternal and neonatal deaths according to instructions of the Health and Justice Ministries

Who should be present at the inquest?

An officer from the police station in the area where the deceased was living or where the incident which resulted the death took place should be present at the inquiry. The police officer's duty is to present the witnesses and lead the evidence before the ISD/Magistrate. The inquirer need not totally depend on the witnesses produced by the police officer.

There should be two close relatives of the deceased to identify the body.

The inquirer has the authority to summon any other witnesses to an inquest if he thinks that such a person can provide information regarding the incident or the death. Doctors who treated the deceased can be asked to be present at the inquest to give evidence and produce hospital documents relating to the treatment.

What is the outcome of an inquest?

The inquirer has the authority to decide what action should be taken once the proceeding of an inquest is over.

If the inquirer is satisfied about the evidence presented before him about the death and the cause of death, he has the discretion to release the body to the relatives after issuing the death certification form.

If the presented evidence is not adequate to ascertain the cause of death, the inquirer is empowered to call upon a government medical officer to conduct a postmortem examination and to report to him about the cause of death (section 373 of the CCP of Sri Lanka).

Once the postmortem examination report is available, the inquirer can release the body to the relatives of the deceased. The inquirer has to decide the manner of death as well. If the manner of death is suspicious, the Magistrate should be informed. Upon completion of every inquest, the inquirer should forward a report to the Magistrate.

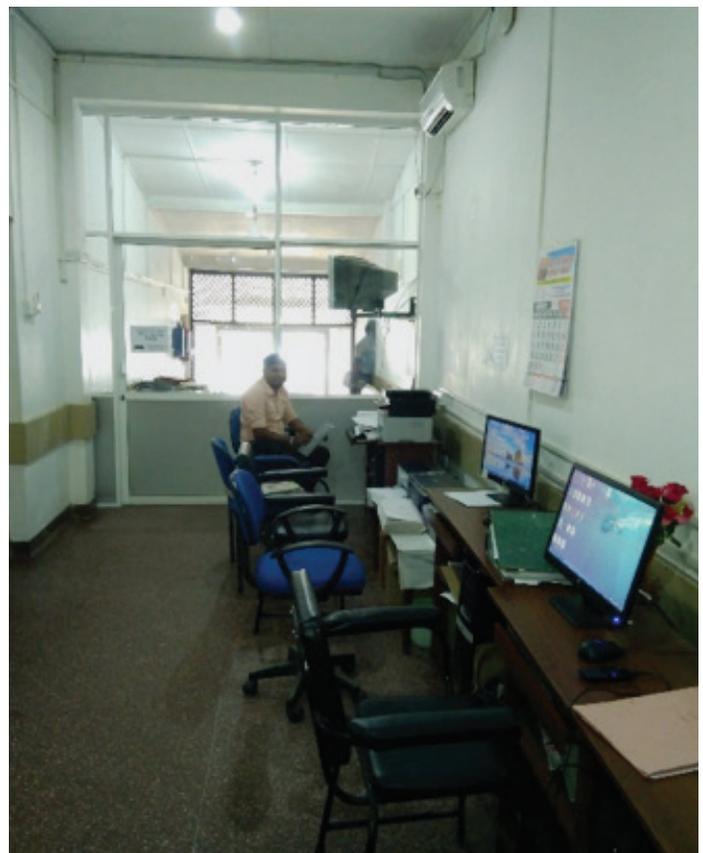
The ISD [Coroner] based death investigation system is cost effective, simple, efficient and accessible to general public though there are many arguments about scientific essence of determination of cause of death by common sense of a layman.



Consultant Judicial Medical Officer's Office



Clinical forensic examination area



Computer area



Body Coolers



Coroner's Room Where Inquests Are Held



Autopsy room



Histopathology laboratory

US MEDICAL EXAMINER OFFICES ACCEPTING INTERNATIONAL VISITORS AND/OR TRAINEES

Medical Examiner	Office	City	State	Contact Information
Jon Lucas James Ribe Christopher Rogers	CME/C County of Los Angeles	Los Angeles	California	jribe@coroner.lacounty.gov crogers@coroner.lacounty.gov
John Thornburg		Monterey	California	831-755-3761
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Craig Mallak	Broward	Broward	Florida	954-357-5200 cmallak@broward.org
Emma Lew	Miami Dade	Miami	Florida	305-545-2449
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Russ Vega	12th District of Florida MEO	Sarasota	Florida	rvega@fldist12me.com office = 941-361-6909 cell = 941-356-6014

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The National Association of Medical Examiners®

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APPLICATION FOR INTERNATIONAL CORRESPONDING MEMBER

"International Corresponding Members" shall be physicians or other practicing medicolegal death investigators who reside outside of the United States of America or Canada. International Corresponding Members shall be forensic pathologists, physician medical examiners, physician coroners, and those engaged in the teaching or practice of legal medicine, provided, however, that the foregoing examples are provided for clarity, and mere possession of any of the foregoing job titles does not automatically qualify any individual for membership as an International Corresponding Member, nor does lack of such title automatically disqualify any individual who is a practicing medicolegal death investigator.

Customer number (from NAME web site – REQUIRED):		
Applicant:		
Governmental Agency (Federal, State, Local) with which Affiliated:		
Agency:		
Address:		
City:	State:	Zip:
Telephone:	Fax #:	Email
Office Type:	Medical Examiner	Coroner ME/Coroner
		Other:
Director:		
References: (Two Members of National Association of Medical Examiners)		
Name:		Name:
Address:		Address:
Telephone:		Telephone:
Applicant Information		
Official Title:		Length of Time at Agency:
Medical School:		Date Graduated:
Degree Attained:	Year of Licensure:	State(s)
Residency Training:		
Board Certifications:		
Forensic Pathology (Year)		Anatomic Pathology (Year)
Clinical Pathology (Year)		Other: (Year)
Memberships in Other Societies:		
AAFS AMA ASCP CAP Local Medical Society		
Other:		
Years in Forensic Field:		Area of Interest:

Please submit a copy of your license, a copy of your Curriculum Vita, and ONE (1) letter of recommendation from a member of N.A.M.E.

FUTURE MEETINGS

Of Affiliated National Associations
and Collaborating Organizations

NAME 2018 annual Meeting

October 12-16, 2018

Hilton West Palm Beach

Forensic Pathology in the Palm of Your Hand

NAME 2019 Interim Meeting

February 19, 2019

Baltimore, MD

NAME 2019 Annual Meeting

Kansas City, MO

NAME 2020 Annual Meeting

Denver, CO

JOIN NAME TODAY!

Contact Dee McNally

at name@thename.org
Or KimcollinsMD@gmail.com

Languages that NAME members speak other than English

1. Italian
2. German
3. Dutch
4. Spanish
5. Portuguese
6. French
7. Russian
8. Polish
9. Tamil
10. Sinhala
11. Mandarin Chinese
12. Chinese
13. Japanese
14. Korean
15. Hindi
16. Urdu
17. Marathi
18. Malayalam
19. Kannada
20. Gulla/Geeche
21. Bengali
22. Punjabi
23. Bulgarian
24. Irish Gaelic
25. Hebrew
26. Croatian
27. Czech
28. Romanian. Arterial language.
29. Serbian
30. Macedonian
31. Slovenian
32. Serbian
33. Montenegrin
34. Bosnian
35. Gujarati
36. Sanskrit
37. Antillean Creole
38. Danish

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