



# NAME *International Newsletter*

MARCH 2017 - VOLUME 2, ISSUE 2

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NATIONAL ASSOCIATION OF MEDICAL EXAMINERS

## 2017 ANNUAL MEETING

SCOTTSDALE, AZ

“THEME “BUT IT’S A DRY HEAT! - WHAT’S HOT  
IN FORENSIC PATHOLOGY”

DoubleTree Resort by Hilton Paradise Valley

October 13-17, 2017



Program Chair  
Dr. Kathy Hayden-Pinneri



National Association of Medical Examiners

**NAME 2017 Annual  
Meeting & Exhibits**

DoubleTree Resort by Hilton Paradise  
Valley – Scottsdale  
Scottsdale, AZ  
October 13 – 17, 2017



Make plans to attend the much-anticipated annual NAME meeting! THE opportunity to stay current in forensic pathology, learn the latest, network, and enjoy meeting your colleagues!

# NAME INTERNATIONAL DEATH INVESTIGATION FEATURE

## The Medicolegal Death Investigation in Israel



Dr. Hadas Gips, Senior Forensic Pathologist

Israel is a small and relatively young state. Emancipated in 1948 from the British Mandate, it has kept the coronial foundation of death investigation, but incorporated modifications based on traditional Jewish principles and 21st century ethics.

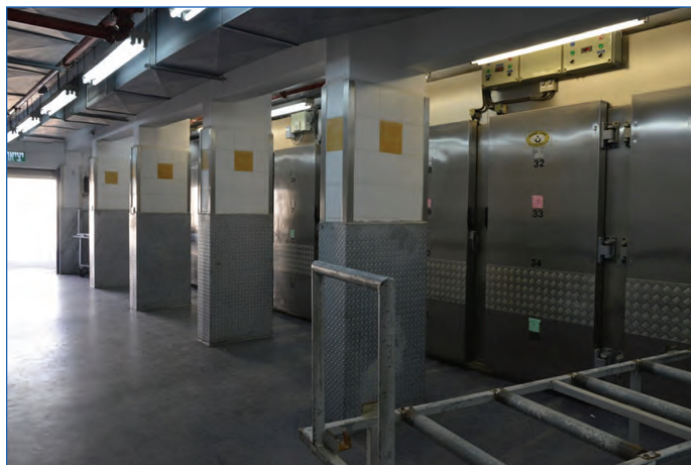
The Israeli National Center of Forensic Medicine (NCFM) is currently considered a department of the Ministry of Health. It renders its services to the investigating authority, which can be the police, the military or other departments in the Ministry of Health. The medicolegal part of death investigation is performed by forensic pathologists, but the extent of that investigation is determined by the referring authority.



The National Center of Forensic Medicine

Any case of sudden, unexpected death requires a police inquest. The officer arriving at the scene decides whether the body can be released for burial or transferred to the NCFM. If an autopsy is deemed necessary by the police, according to the 1980 amendment to the Anatomy and Pathology Law (1958), they need the next of kin's signature on a consent form. This form includes detailed information on the autopsy procedure, tissue and organ retention and burial options. The forensic pathologist in-charge of the case has to contact that same family member and confirm that they had understood the contents of the consent form.

If the next of kin opposes the autopsy, or the decedent has no living relatives, the police may turn to the courts and petition for an autopsy under the Cause of Death Investigation Law. The family has the right to take part in this hearing and express their wishes.



The Refrigerator Room

The NCFM serves Israel's entire population of a little over 8 million people. The staff includes 7 senior forensic pathologists and 4 residents, supported by autopsy and radiology technicians, a photographer, an anthropologist and in-house histology and DNA labs. Forensic medicine in Israel has a specialized 5-year residency, which includes 1.5 years of anatomical and surgical pathology, 3 years of forensic medicine training at the NCFM and a half-year of rotation, usually in radiology.



A single-station autopsy suite



A double-station autopsy suite

The unique identity of Israel as a democracy, but with politically influential religious and traditional populations, makes for a very low autopsy rate – about 700 full autopsies per year – out of ~1600 bodies examined by the NCFM each year, with a national death rate of roughly 5 deaths per 1000 people. Instead, all bodies undergo a full CT scan and an external examination, and if those reveal suspicious findings we alert the police that an autopsy is necessary.

Besides routine death investigations, the NCFM staff performs clinical examinations of living victims of rape or abuse and of suspected perpetrators. We prepare expert opinions based on medical records and photographs. In times of war or conflict most of the staff is called into military duty to provide identification services and to estimate mechanisms of injury. Toxicological and other specialized tests are outsourced to accredited labs.

The NCFM also has a tissue transplant coordinator, and it is the source of more than 60% of the harvested corneas in Israel.

The NCFM resides in an old villa built before Israel's proclamation of independence, and donated for this purpose by the South-African Jewish foundation. The building falls under the Historical Building Preservation Act and therefore cannot be externally altered. The offices and autopsy suites were planned with that in mind: the ground floor has 4 autopsy rooms with 1 or 2 autopsy stations each, a reception office and a viewing area. The first floor contains the staff offices and the second houses the biology and histology labs. All additional facilities, such as the CT scanner room, the evidence room and the accounting offices are in external units.



Entrance to the CT Scanner Room





CT Scanner Room

The forensic DNA laboratory in the NCFM processes samples from criminal cases, and samples for identification and paternity determination purposes. It is the only laboratory in the country which performs identification from bones and other badly preserved tissues.



Extra caution is taken in the process of bone extraction.

The staff of the DNA lab consists of six biologists that deal with an average of 200 criminal cases and 50 identification cases per year. The laboratory is accredited by the Israeli Accreditation authority.

Often, there is public pressure to quickly identify and release the bodies for burial. The location of the DNA lab in the same building as the autopsy rooms allows for swift sampling and processing. Blood samples of decedents are kept as stains on FTA paper, as well as samples from potential family members. This method enables the use of direct PCR without a DNA extraction procedure, which shortens the entire process of obtaining genetic profiles. For example, samples from five unidentified victims and from their relevant family members can be processed within about five hours to get a final identification.



The DNA expert and the anthropologist decide on the location of bone sample

In the last 3 years, under a new management, forensic pathologists of the NCFM strive to promote new legislation that will increase its autonomy in decision making, for a better death investigation. We have already received funding to increase the number of forensic pathologists and are hoping to establish a satellite forensic department in the north of Israel.

# HOW DO YOU AND YOUR COLLEAGUES ASSESS YOUR KNOWLEDGE-BASE AND COMPETENCY? LEARN FROM THE BEST AT NAME!

## About the SAM/MOC Subcommittee

SAM = Self-Assessment Modules

MOC = Maintenance of Certification



Laura Knight, MD  
Forensic Pathologist and Chair of the SAM/MOC Subcommittee

The subcommittee for development of Self-Assessment Modules (SAMs) was established in 2010, formed as an ad hoc committee after the 2009 annual meeting of NAME in San Francisco, CA. The original purpose of the subcommittee was to interact with the American Board of Pathology [ABP] on matters concerning maintenance of certification [MOC] and development of self-assessment modules [SAMs]. Dr. Mark Flomenbaum was the first chair of the committee, succeeded by Dr. Laura Knight in 2013.

The subcommittee's main role is to maintain NAME's status as an ABP-approved SAM educational credit provider, and to ensure that SAM credits are provided (in addition to regular continuing medical education credits, CMEs) at the NAME annual and interim meetings. SAM credits are specialized CME credits required by the ABP for those pathologists holding board certifications earned in 2006 or after; SAM credits are part of the ABP's Maintenance of Certification (MOC) program required of all diplomates since 2006. Diplomates since 2006 are required to complete 20 hours of SAMs each 2-year MOC cycle.

The first SAM credits were offered at the 2011 NAME Interim meeting, at which time there were 20 participants. As of 2017, SAM credits are offered at all NAME annual and interim meetings, and on average, more than 60 individuals participate at each of the larger annual meetings. This number is anticipated to grow each year, as more attendees are diplomates of the ABP from 2006 and after who are required to complete the MOC program including SAMs.

The role of the subcommittee has evolved and expanded from just providing SAM credits, to also include monitoring of MOC-related issues that may affect the membership, and advocacy on the behalf of forensic pathologists relating to MOC and ABP. The subcommittee has also produced scientific abstracts/presentations at NAME annual meetings, organized a presentation at the NAME annual meeting by ABP CEO Dr. Rebecca Johnson on MOC in a prior year, and has published an invited review in NAME's journal, Academic Forensic Pathology, regarding MOC and its evidence base and impact on forensic pathology.

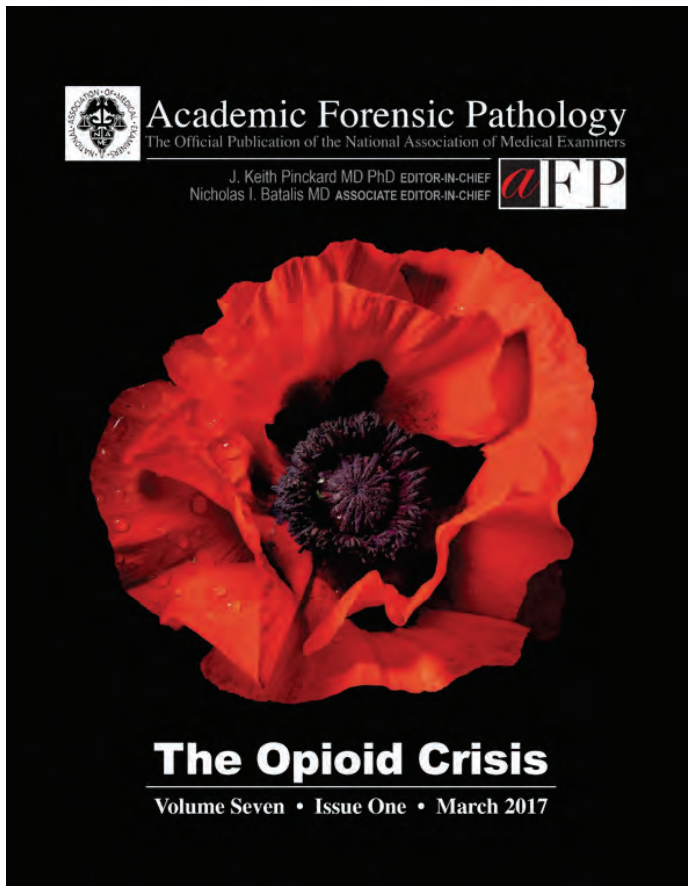
Do you have an  
idea, comment or  
Suggestion?

Please contact Kim A. Collins  
kimcollinsmd@gmail.com

## SPECIAL NAME FEATURE

### Academic Forensic Pathology Journal (AFPj)

#### The Official Journal of NAME



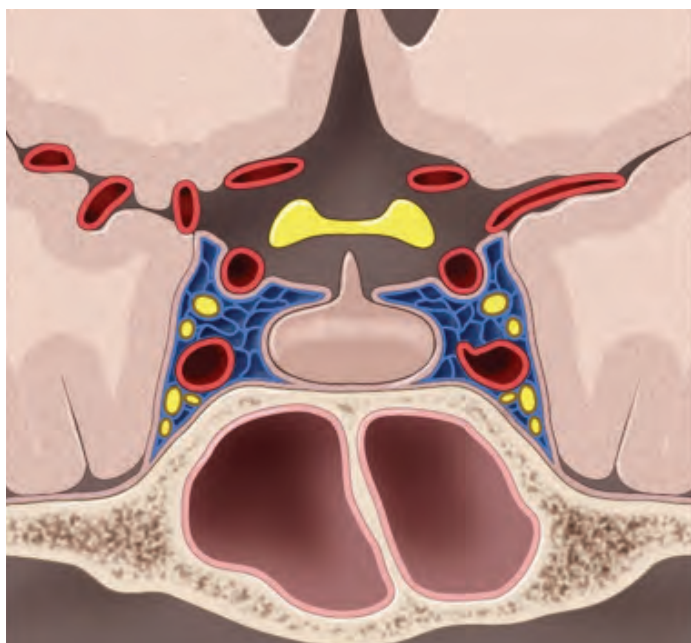
Keith Pinckard, MD, PhD, Editor-In-Chief (left) and Evan Matshes, MD, Executive Director of AFP International (right)

Since 2011, the Academic Forensic Pathology Journal has been the Official Publication of the National Association of Medical Examiners. The concept for this new journal was born in 2007 by Drs. Emma Lew, David Dolinak, and Evan Matshes, who had raised concerns about the quality and caliber of medical publication venues available to forensic pathologists. This group of pathologists identified Keith Pinckard MD PhD, a forensic pathologist then in Dallas, Texas, as the perfect fit to become the Editor-In-Chief of their new journal. Following a heavy vetting process including a formal request for proposals, the NAME Board of Directors selected Academic Forensic Pathology (AFPj) as their official medical journal, and in July 2011, the Journal was born.

The AFPj was founded with the understanding that forensic pathology is a very unusual, small, and highly subspecialized field which, for the most part, is composed of physician practitioners who are primarily (if not wholly) funded to provide service in the absence of academic responsibilities. This, combined with the reality that there is a dearth of extramural funding for forensic pathology research, means that “original research” is infrequently performed. When novel studies are performed, they are often burdened by institutional and individual limitations, resulting in smaller study sizes and suboptimal results. Other concerns that can overwhelm researchers in our profession include those related to the ethics and legality of performing “research” on case materials and organs/tissues removed for legal autopsy, and even the frequent requirement to embargo publication of data from criminal cases that have not yet been adjudicated.

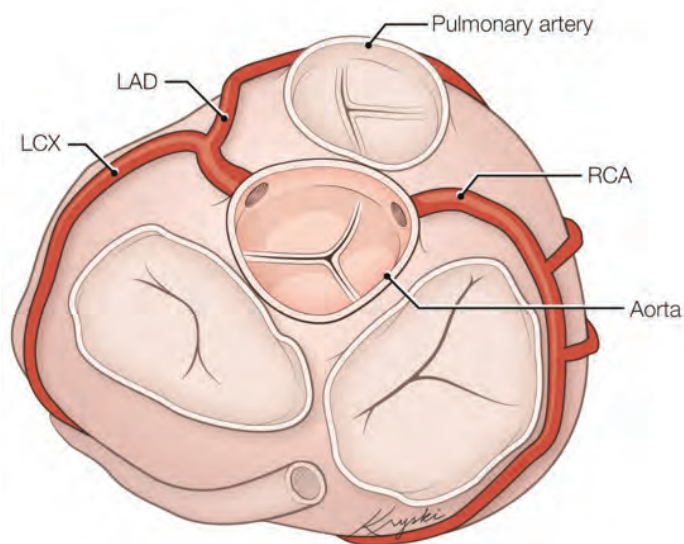
Over the last seven years of publication, the AFPj has worked ardently to embrace those who want to perform research and publish, whilst working in the real difficulties of practicing forensic/legal medicine. Among those efforts include applying a theme to each issue, inviting Guest Editors from across the globe to identify authors, and then soliciting manuscripts from notable experts in forensic pathology and related fields. Use of this approach has several advantages, including ensuring that high quality manuscripts are submitted for publication. The gentle use of peer pressure from a Guest Editor known to the authors often proves useful around “deadline time.”





As the result of this unusual and very top-heavy “hands-on-approach” to medical publishing, the AFPj has done something unheard of in other medical specialties. By directly involving practitioners in their society’s journal—by reaching out to them individually, and by providing authors with whatever resources they need to create high quality manuscripts, the Journal has empowered seasoned forensic pathologists (who may have become tired or “burnt out” by the realities of traditional forensic pathology publishing) to start writing again. At least as important, the Journal has also motivated an entirely new generation of forensic pathologists and death investigators to perform research and publish. To wit, by July 2017, the Journal has published 430 manuscripts from 560 authors.

The AFPj offers numerous advantages to authors, and all NAME members should strongly consider publication of their scholarly materials with the Journal. For example, all manuscripts undergo “triple-blinded” peer review, meaning that the authors and reviewers are blinded to each other’s identities and the editors are blinded to the authors’ identities. Furthermore, the time from manuscript acceptance until a final decision is made during editorial review is approximately two weeks. In a similarly rapid fashion, it usually takes less than one month for manuscripts to be published after they have been accepted for publication. Other tangible benefits to authors include that there are no fees of any kind during the review or publication process, including for use of our board certified medical illustrator, who creates custom illustrations to beautify authors’ works.



The editorial and administrative staff of the AFPj are extremely proud of their work and the positive impact it has on scholarly publishing in our profession. We encourage you to write, create, and flourish in all academic areas of forensic pathology, and to submit your manuscripts to the AFPj in consideration for publication.

## Become a NAME International Corresponding Member Today!

US Medical Examiner Offices that  
welcome international visitors and  
trainees

Contact Dee McNally

at [name@thename.org](mailto:name@thename.org)  
Or [KimcollinsMD@gmail.com](mailto:KimcollinsMD@gmail.com)



## 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.



I hereby make application for membership in the National Association of Medical Examiners. I hereby agree to abide by the Bylaws of the Association and such changes and amendments to same as may hereafter be properly adopted. I hereby agree to revocation of my membership, if granted, in the even that any of the statements hereinafter made by me are found to be false, and to hold the National Association of Medical Examiners and its members, officers and agents free from any damage or complaint by reason of any they, or any of them, may take in connection with this application.

### **CODE OF ETHICS AND CONDUCT**

As a means to promote the highest quality of professional and personal conduct of its members, the following constitutes the Code of Ethics and Conduct which is endorsed and recommended to be adhered to by all members of the Association:

- A. Every member of the Association shall refrain from exercising professional or personal conduct adverse to the best interests and purposes of the Association or to the medical examiner profession.
- B. No member of the Association shall materially misrepresent his or her educational training, experience, area of expertise, certification, membership status within the Association, or official title or position in a medicolegal system.
- C. Every member of the Association shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based.
- D. Except for the President and Chairperson of the Board of Directors, no member of the Association shall issue public statements which appear to represent the position of the Association without specific authority first obtained from the Board of Directors.
- E. All applicants for membership and annual renewal of membership shall affirm by their signatures that they have read, understood, and endorsed the Code of Ethics and Conduct in this Article X.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# FUTURE MEETINGS

## Of Affiliated National Associations and Collaborating Organizations

### 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 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

### \* African Society of Forensic Medicine (ASFM)

**March 6-10, 2017**

Conflicts in Africa: The role of Forensic Medicine and Science  
towards Better Public Health Bloemfontein, South Africa  
Website: [www.asfm2017.com](http://www.asfm2017.com)

### World Association for Medical Law 23<sup>rd</sup>

#### WAML World Congress

**July 10 - 13, 2017**

3 Major Sub-Themes:

Medical Law, Bioethics and Multiculturalism

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

Website: [http://wafml.memberlodge.org/23rd-World-](http://wafml.memberlodge.org/23rd-World-Congress-for-Medical-Law-Baku-Azerbaijan)

Congress-for-Medical-Law-Baku-Azerbaijan

### 21<sup>st</sup> Triennial Meeting of the International Association of Forensic Sciences

**August 21-25, 2017**

Inter-Professional Collaboration in Forensic Science

Toronto, Ontario, Canada

Website: <http://iafstoronto2017.com/>

### 10<sup>th</sup> International Symposium Advances in Legal Medicine (ISALM) combined with the 96<sup>th</sup> 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. Korean           |
| 2. Bulgarian     | 15. Malayalam        |
| 3. Chinese       | 16. Mandarin Chinese |
| 4. Dutch         | 17. Marathi          |
| 5. French        | 18. Polish           |
| 6. German        | 19. Portuguese       |
| 7. Gulla/Geeche  | 20. Punjabi          |
| 8. Hebrew        | 21. Russian          |
| 9. Hindi         | 22. Sinhala          |
| 10. Irish Gaelic | 23. Spanish          |
| 11. Italian      | 24. Tamil            |
| 12. Japanese     | 25. Urdu             |
| 13. Kannada      |                      |

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