2017 NAME INTERIM MEETING, NEW ORLEANS, LOUISIANNA

The NAME interim meeting was held in conjunction with the American Academy of Forensic Sciences February 14, 2017.

The Interim Scientific Program “Death in Custody: A Comprehensive Conversation” was chaired by

Dr. Roger A. Michell, Jr, MD,
Chief Medical Examiner in Washington, DC.
Dr. Roger A. Mitchel, Chief Medical Examiner for Washington, DC and Program Director for the 2017 NAME Interim meeting, put together an outstanding and very well-attended NAME Interim Program “Deaths In Custody: A Comprehensive Conversation”.

Dr. Roger Mitchell, Program Chair, led two expert panels and presentations with enthusiasm, organization, and an attitude that welcomed comments and questions from the audience.
The program was a tremendous success with several highly-qualified speakers on two separate expert panels.

The afternoon was packed with standing room only as attendees learned from the panels of renown experts and were provided the opportunity to express their own ideas and ask questions about in-custody deaths.
Dr. Keith Pinckard, Chief Medical Examiner in Travis County Austin, Texas and the editor-in-chief of NAME’s journal Academic Forensic Pathology was also present.

Dr. Pierre-Antoine Peyron from France attended the NAME interim meeting. This was his first NAME meeting and hopefully not the last!

Many NAME members such as Dr. Randy Hanzlick former Chief Medical Examiner of Fulton County in Atlanta, GA attended the successful NAME interim meeting.

The audience was actively involved in the NAME interim meeting. Many attendees approached the microphone with comments and questions, prompting even more conversation and information exchange!
Dr. Jose Vicent Pachar-Lucio attended a NAME meeting for the first time. He is a forensic pathologist from Panama. As he expressed interest, we are hopeful that he will soon be our newest International Corresponding Member!

Program handouts and PowerPoint presentations were available for download before and after the meeting. These were so educational and valuable to the attendees! Many thanks to the presenters!

(Left-to-right) Ronnie Arden, Dr. Jonathan Arden (US), Dr. Margaret Warner, PhD (Atlanta, CDC and one of the meeting’s panelists), Dr. Lindsey Thomas (US), Dr. Dianne Little (Australia).

US Forensic Pathologists, Drs. Laura Knight and Jeff Lee, enjoying time to network and meet other US and international attendees.
Dr. Giancarlo Di Vella (Italy), a member of the International Relations Committee and NAME Board of Directors, with his Italian colleagues who were also speakers at the meeting. It was great to see so many international attendees.

Dr. Victor Weedn accepts the challenge to battle the New Orleans burger! Can he succeed?!

If there is one thing that New Orleans is known for, it is food!
SPECIAL NAME FEATURE: THE NAME LISTSERV
HISTORY OF NAME-L: LISTSERV OF THE NATIONAL ASSOCIATION OF MEDICAL EXAMINERS

In the early 1990’s, there was no regular communication vehicle for NAME members. In 1993, the NAME NEWS monthly newsletter emerged, but that did not allow for active communication among members. As a result, the CDC Medical Examiner/Coroner Information Sharing Program (MECISP) developed an internet-based bulletin board on which NAME members could read or post comments and information, and this was referred to as the “NAME Information Center” (NIC). The system had the drawback that users had to go to a specific web address to access the information.

As use of email dramatically increased in the 1990s and Listserv software emerged and was available through the Emory University IT department, NAME member and Emory faculty member Randy Hanzlick established “NAME-L” in 1994. The purpose was mainly to allow NAME to disseminate information to its members and to create a vehicle through which NAME members could seek assistance, share interesting case information, or engage in discussions about specific topics simply by sending an email to the NAME-L email address NAME-L@listserv.cc.emory.edu.

Of the roughly 1000 NAME members and affiliates, historically, about 700 are NAME-L subscribers. Participation is optional and there is no fee. About 500 messages are posted monthly, the majority of these from 100 or so regular users who tend to post messages rather than just read them. There are a considerable number of “lurkers” who read messages but virtually never post messages. The number of messages per day in recent years has ranged from zero to about 50, with a mean of 12.

NAME-L has been the subject of occasional controversy. First, some users had expressed philosophical or even religious views that at best, only tangentially related to current topics on NAME-L. Second, an occasional user has levied personal verbal attacks against others. Third, the NAME-L archives had to be discontinued because some users were providing archived information to outside, non-NAME member parties and Emory also began to get subpoenas for archived information and did not wish to deal with that. These circumstances led to NAME’s development of specific guidelines for NAME-L use which contain sanctions for those who violate the rules.

On a positive note, NAME-L has been of help to the financial status of NAME. When a member is delinquent in NAME annual dues payments, he/she is removed from NAME-L until dues are paid. This has been an effective tool to get membership dues paid up.

In general, NAME-L subscribers are limited to NAME members in all membership categories, with a few exceptions for people in public health and research approved by NAME in cases where access to NAME-L appears beneficial to both parties. With recent expansion of NAME membership categories, however, the need to grant special exceptions has essentially ceased.

Overall, NAME-L has brought NAME members closer together. The continual postings engage people. Members learn other member’s names and how they think. There is sharing of information and a sense of collegiality. The positive things probably explain why NAME-L has now existed for 22 years.
The rules for using NAME-L were published in July of 2015 and are as follows:

The NAME listserv is an electronic forum for the members of NAME. The purpose is to have a convenient, rapid and global tool for death investigation related conversations, questions and announcements. NAME listserv conversations must be conducted with good manners and a tone that communicates respect for all members.

By posting to the NAME listserv, a member implicitly agrees to the following rules and potential sanctions. Further, the member agrees that it is the sole discretion of the listserv administer and NAME to determine if a violation of these rules occurred.

NAME Listserv Rules:

1. **Professionalism.** Communicate in a professional manner. Do not use foul language or inappropriate slang.

2. **Threats/Attacks.** Flaming or “personal attacks” have no place on the listserv of a professional association. A disagreement is not a personal attack if expressed respectfully and with courtesy. Varying opinions on a topic stimulate professional development, and must be expressed with civility and respect. Disrespecting one’s right to express an opinion is not allowed. Language that can be interpreted as obscene, racist, sexually explicit or defamatory in any way is not allowed.

3. **Solicitations.** Solicitations or commercial advertisements are prohibited. Spam or blatant promotion of businesses, commercial products or services is not allowed. Announcements of new commercial products, events or services known to you or even from your own company are acceptable as long as they are not direct solicitations. A post may include links to advertisements on websites but do not include the advertisement in the message.

4. **Copyright.** There will be no infringement of intellectual property. Users may not use the discussion board to post a message that infringes copyright, trademark, patent, or other intellectual property law.

5. **Religion.** There will be no promotion or disrespect of religious beliefs. Respect the sensibilities of all and avoid using religious based salutations and other expressions of religious identity or preference. It is acceptable to discuss how religion may play a role in the work of medicolegal death investigation or how religious issues could be studied in research (e.g., permissibility of an autopsy in different religions).

Violation of NAME Listserv Rules:

The NAME listserv administrator and NAME reserve the right to discontinue listserv access or end posting privileges of a member who violates Listserv Rules. Suspension of an account may occur without prior notice to the member. The listserv administrator or NAME will notify the individual through a private email after the action.

1. **First Violation – Warning.** A member who violates the above rules for the first time will generally receive a communication from NAME or the listserv administrator about the inappropriate nature of the post(s). There are several exceptional conditions that could lead to immediate removal from the list (see #4).

2. **Second Violation – Suspension.** If a second violation occurs, the member will be denied posting privileges for a period of time commensurate with the seriousness of the incident.

3. **Third violation - Permanent Removal.** A third violation will result in non-time limited removal of the individual from the listserv. Mitigating circumstances may be cause for avoiding removal but this would be based on private correspondence with the listserv administrator and NAME. Reinstatement will only be allowed under unusual circumstances and is entirely at the discretion of the administrator and NAME.

4. **Extreme incident.** Posting of illegal material, purposeful dissemination of viruses or intentional unprovoked personal attacks will result in immediate revocation of posting privileges.

An appeal may be submitted to the NAME Executive Committee. The EC may seek assistance from the NAME Ethics Committee to evaluate an appeal.

The initial posting of these occurred on NAME-L on July 6, 2015.
INTERNATIONAL FEATURE: THE DEATH INVESTIGATION SYSTEM IN FRANCE

Map of France, the Medical Examiner’s Offices are indicated by blue circles

In the past, medicolegal autopsies in France were performed by a medical doctor but either in a hospital or in the setting of a private practice. Thus, forensic practice was very disparate. In 2011, a major reform took place under the leadership of the forensic community to standardize practices not only in the country but also within the European Community.

Most European countries already benefited of an institutional framework for the practice of forensics. However, in France a medical doctor was arbitrary assigned a case without much notice, guidelines or standards. Following the reform and the amendment of the legislation, forensic cases are now mainly performed by medical doctors who work for an office affiliated with a university hospital; in a dedicated building attached to the hospital. This is the reason medical examiner’s offices are mostly found in the main metropolitan areas. The private practice has been eradicated. This reform also set up a National Observatory of Forensics, whose main objective is to record the caseloads of the medical examiners of the entire country.

Forensics is funded by the Department of the Justice, with each Court House awarding a certain amount of fund to university hospitals to operate the medical examiner’s office. The amount of money awarded is based on the National Observatory of Forensics reports. In 2015, 9083 autopsies and 4186 external examinations were performed in France, which is very low for a total of approximately 66 million inhabitants (less than 1%).

Medical examiner’s offices work under the authority of a Court House and cover its respective county. They may work for more than one Court House. Autopsies and scene death investigations are performed only at the request of the judiciary system and therefore the District Attorney. They cannot be performed without his agreement.

Most of the scene death investigations are carried out by a police officer. The presence of the medical examiner is only required in case of homicide or suspicious death. Therefore, in the absence of a medical examiner at the scene, law enforcement must ask a physician (more often a general practitioner) to certify the death and write the death certificate before the body can be transported by a funeral home vehicle. Indeed, bodies can not be transported without a death certificate. Following the scene death investigation, the decision to perform an autopsy is again up to the District Attorney, who will however consult with the medical examiner. Most of the time, the autopsy practices are based on the European guidelines.
After the autopsy is performed, depending on the findings, the medical examiner can request toxicology and/or histological studies and/or radiology, but again he must obtain the permission of the District Attorney. The “usual” autopsy will be performed by one or two medical examiners depending of the county, and most of the time two medical examiners in case of homicide. In homicide case, the medical examiner must testify in Court House.

Due to the affiliation of the medical examiner’s offices with the university hospitals, most of the chiefs are professors who are appointed by the university hospital in charge. To be appointed, they must have a PhD degree in addition to their MD. The medical examiner’s office ensures through its chief an academic appointment with achievement of lectures at the medical school. Indeed, university hospitals are working closely with medical schools, which are all public. That is why, the medical examiner’s offices welcome such as the other departments of the university hospital, medical students in 4th, 5th or 6th years of medicine. The chief must also stimulate the research activity of the office, including the redaction of scientific papers.

Such as in the U.S.A, there is a French association of medical examiners (Société Française de Médecine Légale SFML, www.sfml-asso.fr), which has been established in 1867. This association organizes a conference biennially. In June 2017, will be held the 50th conference of our association at the medical school of Paris Descartes.

Forensics training in France

Medical school lasts 6 years. At the end of the sixth year, all the medical students take a national examination, and choose a specialty and a city depending on the rank they obtained at the examination. Forensic is not a specialty they can choose after the national examination. It is only offered as a complementary specialty. Unlike in the US where all the medical examiners are pathologists, medical examiners in France come from various specialties such as general medicine, medical specialties (e.g.; pathology, gastroenterology, pneumology, radiology…), occupational medicine, laboratory medicine, psychiatry and even surgery specialties. So, forensic training is an additional two years of training. After the first year of forensic training the residents must take and pass a test to enter the second year of training which can be considered as a fellowship. This second year also ends with a test, and comes with a diploma if passed with success.

In the coming years, a reform is planning for forensic to become a medical specialty of its own. Medical students after the national examination will be able to choose a specialty in forensic. The forensic training will last 4 years and will include rotations in forensics, pathology and radiology. Like the reform in 2011 of our practice,
the aim is to standardize the training of the medical examiners.

**The consultation of forensic doctors for patients**

A feature that distinguishes France from the U.S.A. is the practice of forensic consultations for patients. In fact, it is not only a French feature because other countries like Switzerland, Belgium, Spain and Italy also provide this specific activity. Like for the post-mortem cases, this practice is performed at the request of the judiciary system but this time by a police officer. These consultations are for the victims (child or adult) of physical and/or sexual assault, and lead to the redaction of a medical report. This report is sent to the police officer who forwards it to the judge in charge of the case. In the report, the medical examiner investigates the physical and/or sexual injuries that he or she observes during the examination following the assault. The medical examiner could also have to answer to specific questions asked from the District Attorney such as the nature of the weapon and whether the statements of the victim and/or the perpetrator are consistent with the medical findings. This report records for the judge evidence of injuries consistent with an assault. It also allows the judge to assess the medical consequences of the assault that he needs to judge the perpetrator. In summary, this examination is comparable to a post-mortem external examination. The only difference is that the body is alive! The role of the medical examiner is only to describe the injuries. The management of the victims is usually done by a general practitioner or by emergency personnel.

**The medical examiner’s office of Lyon**

The medical examiner’s office in Lyon has a long history. It started in 1885 with Professor Alexandre Lacassagne, who was a military physician and trained for a period of time at the Val-de-Grâce military hospital in Paris. He was the founder of the school of criminology in Lyon. He was an expert in the field of medical jurisprudence, criminal anthropology and toxicology. He was also a pioneer in bloodstain pattern analysis and the research of bullet markings and their relationship to specific weapons. One of his student was Edmond Locard who in 1910 founded in Lyon the first police laboratory in France.
Lyon is the second largest urban area in France with approximately 1.3 million inhabitants. The medical examiner’s office in Lyon provides forensic coverage for many cities Court Houses (Counties): Lyon, Bourg-en-Bresse, Bourgoin-Jallieu, Vienne, and Villefranche-sur-Saône. Our office is unique because it has two functional units which are geographically separated, unlike most other medical examiner’s office which only have one unit. First there is the Medico-Legal Institute that is located within the Faculty of Medecine of Lyon and where the postmortem activity is performed. The forensic consultations for patients are held in the other unit located within the Edouard Herriot Hospital which is one of the Public Hospitals of the city (Hospices Civils de Lyon). In the coming years, a merger of the two units, within the Edouard Herriot Hospital, is planned, as a result of the 2011 reform. We have eight physicians, six secretaries, four autopsy technicians, and one psychologist in our office. In 2015, 914 autopsies were performed with 58% of suicide/accidental/undetermined, 38.5% of natural deaths, and 3.5% of homicide. In addition, we were consulted regarding 1843 patients of which 84% had been physically assaulted.

Acknowledgments

I would like to thank Elise Arbefeville, a French-American medical examiner that I met during the last NAME meeting, who helped me for the translation in English. It should not have been possible without her!

I would like to thank the last team of Minnesota Regional Medical Examiner’s Office (MRMEO) who welcomed me during 9 months from February 2011 to October 2011 and without whom I will not have participate to the last NAME meeting in Minneapolis-MN and have the opportunity to write this article.
Medical Examiner Office of Lyon staff (Tiphaine Guinet, Hervé Fabrizi, Anne-Sophie Advenier, Laurent Fanton, Angélique Franchi and Stéphane Tilhet-Coartet)

Autopsy room for decomposed bodies.

Main autopsy room.

Amphitheater for autopsy demonstration, where is located the statue of Professor Alexandre Lacassagne

The logo of the Public Hospitals of Lyon
Minnesota Regional Medical Examiner’s Office staff, October 2011 (Lindsey Thomas, Susan Roe, Shannon Mackey-Bojack, Adabell Morrone, Emily Duncanson, Jeanne Reuter, Sharon Blackie, Jill Romann, Chaia Herrgott, Lisa Robinson)

Finally, I would like to thank Kim Collins for giving me the opportunity to present the death investigation system in France, and Sandra Conradi who was a wonderful host during the last NAME meeting.

Drs. Marie Barbesier and Sandra Conradi (US)
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

World Association for Medical Law 23rd
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-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
Website: 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
2. Bulgarian
3. Chinese
4. Dutch
5. French
6. German
7. Gullah/Geeche
8. Hebrew
9. Hindi
10. Irish Gaelic
11. Italian
12. Japanese
13. Kannada
14. Korean
15. Malayalam
16. Mandarin Chinese
17. Marathi
18. Polish
19. Portuguese
20. Punjabi
21. Russian
22. Sinhala
23. Spanish
24. Tamil
25. Urdu

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