



**1992**  
**ANNUAL REPORT**

FOR THE

**MEDICAL EXAMINER**

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MEDICAL EXAMINER DIVISION  
PERSONNEL

- \* DRAGOVIC, Ljubisa, M.D. Chief Medical Examiner
- \* VIRANI, Kanu, M.D. Chief Deputy Medical Examiner
- MacDONALD, William Administrator
- \* KURTZMAN, Robert A., D.O., Deputy Med. Exam. Pathologist
- PREDMORE, Philip D. Chief Toxicologist
- BLONSHINE, Diana Toxicologist
- \* RUSSELL, Theresa Histologist
- ALLEGRINA, Robert Investigator
- DOWD, Michael Investigator
- GARRISON, Charles Investigator
- PODESZWIK, Michael Investigator
- RODGERS, Marline Investigator
- ROSSI, Robert Investigator
- SUN, Patrick Investigator
- SMITH, Charles Supv. Autopsy Attendant
- KILLIANE, Curtis Autopsy Attendant
- HOYES, Thomas Autopsy Attendant
- DECKER, Luke General Helper/Morgue Attendant
- HILL, Pamela Secretary
- STINSON, Mary Lou Account Clerk
- CONRAD, Michele Typist

\*Contractual Employee

OAKLAND COUNTY

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## PROGRAM DESCRIPTION

The Medical Examiner is charged by the State law to investigate and determine cause and manner of death in any violent, sudden, unexpected, suspicious or otherwise unexplained death, inclusive of all jail deaths and deaths in police custody, occurring on the territory of the County.

The investigation of death as mandated by Michigan Statute Act 181, P.A. 1953 shall include an examination of the scene, a thorough postmortem examination including, when indicated, a complete autopsy and determination of the cause and manner of death, and issuing death certificates. The results of these investigations provide evidence for criminal prosecution in appropriate cases, settlement of estates, etc. It also provides public health authorities with information relative to communicable disease and other mortality data.

The combined efforts of the Medical Examiner's staff lead to, and are all essential to the final determination of the cause and manner of death and are therefore impossible to prioritize. Staff training and development is an on-going process involving courses in homicide investigation, attendance at medico-legal seminars, and annual participation in several state and national professional organizations, providing teaching to law enforcement personnel, medical students, and physicians and surgeons at all levels of training and practice.

## PROGRAM DESCRIPTION (con't)

To meet the changing patterns of substance abuse, we have been compelled to significantly increase the extent of drug testing, especially for cocaine and marijuana, in cases of deaths resulting from violence, foul play, and traffic mishaps.

We are consciously attempting to improve both the quality and the timeliness of the services we provide to the families of the deceased, to the law enforcement community, and all other interested private or government agents.

In larger urban jurisdictions Medical Examiners are fully trained Board certified Forensic Pathologists with adequate professional experience to carry out the tasks defined by the state statute.

## MEDICAL EXAMINER CASES DEFINED

According to Act No. 92, of the Public Acts of 1969, any physician, any person in charge of any hospital or institution (jail, convalescent home, etc.) or any person who has first knowledge of a reportable death will immediately notify the Medical Examiner's Office by phone (858-5097).

Reportable Medical Examiner's cases are:

1. Deaths by violence (shooting, stabbing, beating, drowning, poisoning, etc.).
2. Accidental deaths (auto, burns, falls, etc.).
3. Sudden and unexpected deaths from causes unknown (where deceased was in apparent good health).
4. Death occurring without medical attendance by a physician within 48 hours prior thereto unless a reasonable natural cause of death can be certified.

A person, however, who has been seen by a physician within 48 hours of death is not a Medical Examiner's case, unless the death falls within other categories enumerated.

5. Prisoners (dying while in custody).
6. Deaths under suspicious or unusual circumstances. All individuals who are admitted to a hospital unconscious and remain unconscious until death are also considered Medical Examiner's cases.
7. Deaths resulting from or associated with any therapeutic procedures. Deaths during anesthesia shall also be reported.

In any cases described under No. 7, a body may not be removed until after notice of death is given to and removal of the body approved by the Medical Examiner. Failure to give proper notice may have serious consequences.

In doubtful cases, report to the Medical Examiner for his determination and advice.

Any retained portions of blood or urine samples collected during the subject's hospital or institution stay should accompany the body to the Medical Examiner's Office (for toxicological analyses) whenever possible. All pills and pill containers are required.

Medical Records of individuals who come under the jurisdiction of the Medical Examiner's Office should be available when the body is transferred from the hospital.

## DEFINITION OF FUNCTION OF THE COUNTY MEDICAL EXAMINER

Excerpts from the State Statute Section I (Public Act No. 92) A. County Medical Examiners (Act 181 p.234; eff. Jan. 1, 1954) (Title as amended by Public Acts 1969, No. 92, imd. eff. July 24)

Section 5.953(1c). RULES; DELEGATION OF FUNCTIONS; LIMITATIONS. Section 1c. The county medical examiner shall be in charge of the office of the county medical examiner and may promulgate rules relative to the conduct of his office. The county medical examiner may delegate any functions of his office to a duly appointed deputy county medical examiner if the deputy county medical examiner is a licensed physician. If the deputy medical examiner is not a licensed physician, his functions shall be limited as provided by law. (CL '48, Section 52.201c.)

Section 5.593(2) INVESTIGATION INTO CAUSE AND MANNER OF DEATH; EXAMINATION OF DECEASED PRISONERS. Section 2. County medical examiners or deputy county medical examiners shall make investigations as to the cause and manner of death in all cases of persons who have come to their death by violence; or whose death was unexpected; or without medical attendance during the 48 hours prior to the hour of death unless the attending physician, if any, is able to determine accurately the cause of death; or as the result of an abortion, whether self-induced or otherwise. If any prisoner in any county or city jail dies while so imprisoned, the county medical examiner, upon being notified of the death of the prisoner, shall make an examination of the body of the deceased prisoner.

DESIGNATION AND DUTIES OF MEDICAL EXAMINER INVESTIGATOR; LIST OF APPOINTEES, FILING; RESTRICTIONS. (2) The medical examiner may designate a person appointed pursuant to Section 1a(2) to take charge of the body, make pertinent inquiry, note the circumstances surrounding the death, and, if considered necessary, cause the body to be transported to the morgue for examination by the medical examiner. The medical examiner shall maintain a list of persons appointed pursuant to Section 1a(2) and their qualifications which shall be filed with the local law enforcement agencies. The person appointed pursuant to Section 1a(2) shall not be an agent or employee of any person or funeral establishment licensed under Act No.268 of the Public Acts of 1949, as amended, being Sections 388.861 to 388.875 of the Michigan Compiled Laws, receive, directly or indirectly, any remuneration in connection with the disposition of the body or make any funeral or burial arrangements without approval of the next of kin, if they are found, or the person responsible for the funeral expenses.

AUTOPSY. (3) The county medical examiner may perform or direct to be performed an autopsy and shall carefully reduce or cause to be reduced to writing every fact and circumstance tending to show the condition of the body and the cause and manner of death, together with the names and addresses of any persons present at the autopsy, which record he or she shall subscribe.

## DEFINITION OF FUNCTION (con't)

IDENTIFICATION OF DECEASED; NOTIFICATION OF NEXT OF KIN; EXCEPTION; CONSENT. (4) The medical examiner shall ascertain the identity of the deceased and notify immediately as compassionately as possible the next of kin of the death and location of the body except that such notification is not required if a person from the state police or a county sheriff department or a township police department or a municipal police department states to the medical examiner that the notification has already occurred. The county medical examiner may conduct an autopsy if he or she determines that an autopsy reasonably appears to be required pursuant to law. After the county medical examiner or a deputy or a person from the state police or a county sheriff department or a township police department or a municipal police department has made diligent effort to locate and notify the next of kin, he or she may order and conduct the autopsy with or without the consent of the next of kin.

Section 5.953(12) GIVING OF TESTIMONY BY MEDICAL EXAMINER IN BEHALF OF STATE. Section 12. Any and all medical examiners (or their deputies) may be required to testify in behalf of the state in any matter arising as the result of any investigation required under this act, and shall testify in behalf of the state and shall receive such actual and necessary expenses as the court shall allow.

Additional activities include maintaining and reinforcing cooperation with health care institutions (hospitals, nursing homes, clinics, and medical practitioners), emergency medical services, hospice services, funeral homes, law enforcement agencies, and educational institutions through availability of direct assistance, informational, advisory, and teaching services for the communities within Oakland County, statewide, and nationwide. These include direct participation in planning and preparation for handling of possible occurrence of mass casualties in a disaster situation.

## FORENSIC PATHOLOGY SPECIALTY CERTIFICATIONS

The American Board of Pathology was organized and began functioning in 1936. Its objectives include providing certification of training and qualifications for those who have successfully completed training requirements at a recognized institution of learning in the field of pathology after obtaining an M.D. degree. The examinations administered by the board, if successfully completed, enable the candidate to be certified in the practice of pathology.

The first certification examination in the subspecialty of forensic pathology was held in New Orleans, Louisiana in 1959. There were grandfather certifications of 19 candidates and 25 in the first group were certified by examinations.

The basic requirements as established by the American Board of Pathology for certification in forensic pathology are as follows:

Five years of post graduate training in an approved training program in Pathology to qualify for the specialty examination in Anatomic, Clinical, or Anatomic and Clinical Pathology.

One year of subspecialty training in the form of a fellowship in an approved training program in Forensic Pathology, to qualify for the subspecialty examination in Forensic Pathology.\*

\*A candidate for certification in Forensic Pathology cannot take the subspecialty examination unless he/she has already been certified in the basic specialty (Anatomic, or Anatomic/Clinical Pathology).

The applicant is declared qualified for examination only after a formal application has been received and approved by the credentials committee. The candidate who has been declared qualified by the American Board of Pathology on the basis of approved training and/or experience to take the examination must do so within a period not to exceed three years after the declaration.



## FORENSIC PATHOLOGY SPECIALTY CERTIFICATIONS (con't)

Since the inception of the subspecialty of pathology known as forensic pathology in 1959, there have been only 400 physicians certified in this field.

To date, there are 200 practicing certified forensic pathologists in the United States, with 9 of them practicing in the State of Michigan.

The Oakland County Medical Examiner, L. J. Dragovic, M.D., is certified by the American Board of Pathology in the following specialties:

Anatomic Pathology - June 1982

Neuropathology - May 1985

Forensic Pathology - May 1987

The Oakland County Chief Deputy Medical Examiner, Kanu Virani, M.D., is certified by the American Board of Pathology in the following specialties:

Anatomic and Clinical Pathology - November 1987

Forensic Pathology - May 1990

## TOXICOLOGY

Toxicology involves the analysis of body fluids and tissues for a wide variety of drugs and poisons and in the Forensic setting, interpreting the effects of these agents on the human body.

Deaths due to both prescription and illicit drugs and deaths related to drug use are increasing. Cocaine is approaching alcohol in popularity and availability.

In homicides and accidents in which there will be criminal prosecution, extensive drug testing may be necessary. There are cases in which the defendant will allege the victim died accidentally from drugs. Since the defendant must be presumed innocent, the prosecutor may require extensive toxicologic analysis to lay a foundation for a charge. The presence or absence of drugs may corroborate or discredit a story by the defendant or a witness with regard to activities prior to death (e.g. "We smoked a joint", "We did LSD", etc.). In cases of traffic deaths, the presence of drugs in the victim may influence the charge of the defendant in terms of degree of negligence.

The detection of hidden drug overdose and unsuspected adverse drug reactions requires both a degree of suspicion and the ability to test for a wide range of drugs in Medical Examiner cases. For example, an overdose of a drug used for the treatment of asthma was uncovered only by our comprehensive screening since no history pointed to the use of that medication. Other drug related deaths involving allergic reactions to prescription medications are reported to the Food and Drug Administration. The recognition of such cases is an important public health function of the Medical Examiner's office.

For all these reasons, drug testing on Medical Examiner cases has dramatically increased. In many cases, it is the toxicologic analysis rather than the autopsy itself that brings about the grounds for determination of cause and manner of death.

## TOXICOLOGY (con't)

The demand for specific information has increased, including assay procedures, verification techniques and quality control measures. Prosecution procedures have changed in the court room in that quality scientific testimony is expected from our agency at all times, so that the criminal proceedings result in successful convictions of felon(s).

The case complexities and their steady increase put pressure and demand for a timely response from our toxicology lab which is not adequately equipped to meet the standard requirements, so that a large number of specimens for testing are sent out to a Pennsylvania lab.

For a period of thirteen years this agency has been applying for a mass spectrometer without success.

SHORT TERM GOALS (1993 Extended Through 1994)

- A. Procurement of gas chromatograph/mass spectrometer which will eliminate the delays in toxicology results reporting, and amortize itself over a period of 3-4 years only.
- B. Initiation of computerization of the Medical Examiner's Office.
- C. Recruitment of an additional forensic pathologist (part-time).  
**National standards call for 200-250 Medical Examiner's cases per one forensic pathologist per year. At present this office has two (2) forensic pathologists, each handling in excess of 380 Medical Examiner's cases per year.**
- D. Establish Forensic Pathology Fellowship (one position per year).  
(Not accomplished due to inadequate space and teaching equipment)
- E. Continue to organize billable forensic services for other counties in Michigan, further establishing Oakland County Medical Examiner's Office as a Regional Forensic Center.  
(Substantial increase achieved, but still below the desirable level largely due to not accomplished goal under A.)

## LONG TERM GOALS (1993 Extended to 1998)

- Complete computerization of the Medical Examiner Division.

- Building of a new facility to meet adequately the demands of the growing jurisdiction and complexities that stem from the growth, for at least 3-4 decades or longer:

With adequate space to allow proper and undisturbed functioning of the staff.

With proper ventilation systems to comply with O.S.H.A. standards.

With refrigeration and freezing systems for storage, to meet increasing medical legal demands.

With separation of laboratory areas from areas used by clerical staff.

With designation and development of bereavement area to allow for safety and psychologic comfort of the distraught families of decedents.

With a protected area within the autopsy suite to allow safe postmortem harvesting of tissues (corneas, skin, bones) for grafting to the living needy individuals.

With a protected observatory platform within the autopsy suite to eliminate the risks of injury and/or detectives' contact with body fluids of decedents.

With a photo laboratory adjacent to the autopsy suite.

- Addition of at least two more qualified investigators to the existing investigator complement of seven.

- Addition of at least one full time forensic pathologist.

- O.C.M.E. office to become a regional forensic center supplying directly billable complete forensic services to Macomb, Lapeer, Genesee and Livingston counties.

- O.C.M.E. to continue to supply additional billable expertise services throughout the state.

## MEETINGS AND SEMINARS ATTENDED

American Academy of Forensic Sciences

National Association of Medical Examiners

Michigan Association of Medical Examiners.

Southeastern Michigan Association of Chiefs of Police

Oakland County Police Academy, Forensic Pathology, Investigation of Violent Death

Michigan Society of Pathologists

Michigan Neuropathology Group

## STAFF ACTIVITIES AND ACCOMPLISHMENTS

Numerous medical residents (M.D. and D.O.) from hospitals in and around Oakland County rotated through the Medical Examiner's Office on a weekly to monthly basis as part of their professional training.

Dr. Dragovic and staff members, which included Dr. Virani and Investigators R. Rossi, M. Dowd, and R. Allegrina, again coordinated a three day seminar in Forensic Pathology - THE INVESTIGATION OF VIOLENT DEATH - at the Oakland Police Academy for police investigators.

Dr. Dragovic continued to establish direct communication with all hospitals in the County and along with Dr. Virani and various Medical Examiner staff members gave teaching sessions at hospitals, explaining procedures and the role and function of the Medical Examiner's Office.

Mr. MacDonald, Dr. Dragovic and other members of the staff participated in the County disaster exercises.

Through the professional assistance and cooperation of the Oakland County Medical Examiner's Office, a large percentage of the major internal organ harvesting from suitable donors in the State of Michigan was performed by the Organ Procurement Agency of Michigan. The timely responses and arrangements are possible due to a well established direct communication network operating on a 24 hour basis between the Medical Examiners and investigators and the hospital and organ procurement agencies.

## **STAFF ACTIVITIES AND ACCOMPLISHMENTS (con't)**

The Oakland County Medical Examiner organized and hosted the Michigan Association of Medical Examiners meeting in October of 1992. Dr. Dragovic and Dr. Virani gave teaching sessions at this seminar. Pam Hill assisted with the preparation of the program.

Dr. Dragovic continued efforts to develop statewide autopsy program for people affected with dementia of Alzheimer's and other degenerative brain diseases.

Pam Hill continued excellent work in United Way campaign and blood donation drives.



## STATISTICS

<u>NATURAL DEATHS BY CAUSES</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
Infective & Parasitic	5	7	3	3	2
Neoplasms	13	16	18	16	24
Endocrine, Nutri. & Metabolic	9	4	4	7	4
Blood & Blood Forming	0	1	0	0	0
Nervous System & Sense Organs	16	13	9	20	23
Circulatory System	371	349	330	428	452
Respiratory System	22	25	18	22	14
Digestive System	18	12	13	24	21
Genitourinary System	2	2	1	4	3
Complications/Preg. & Childbirth	0	0	1	2	0
Muscle & Connective Tissue	1	1	0	0	0
Congenital Anomalies	2	5	4	5	2
Perinatal Mortality	1	0	4	3	9
Other Conditions	<u>15</u>	<u>26</u>	<u>20</u>	<u>17</u>	<u>14</u>
Total	<u>475</u>	<u>461</u>	<u>425</u>	<u>551</u>	<u>568</u>

### ACCIDENTAL DEATHS BY CAUSES

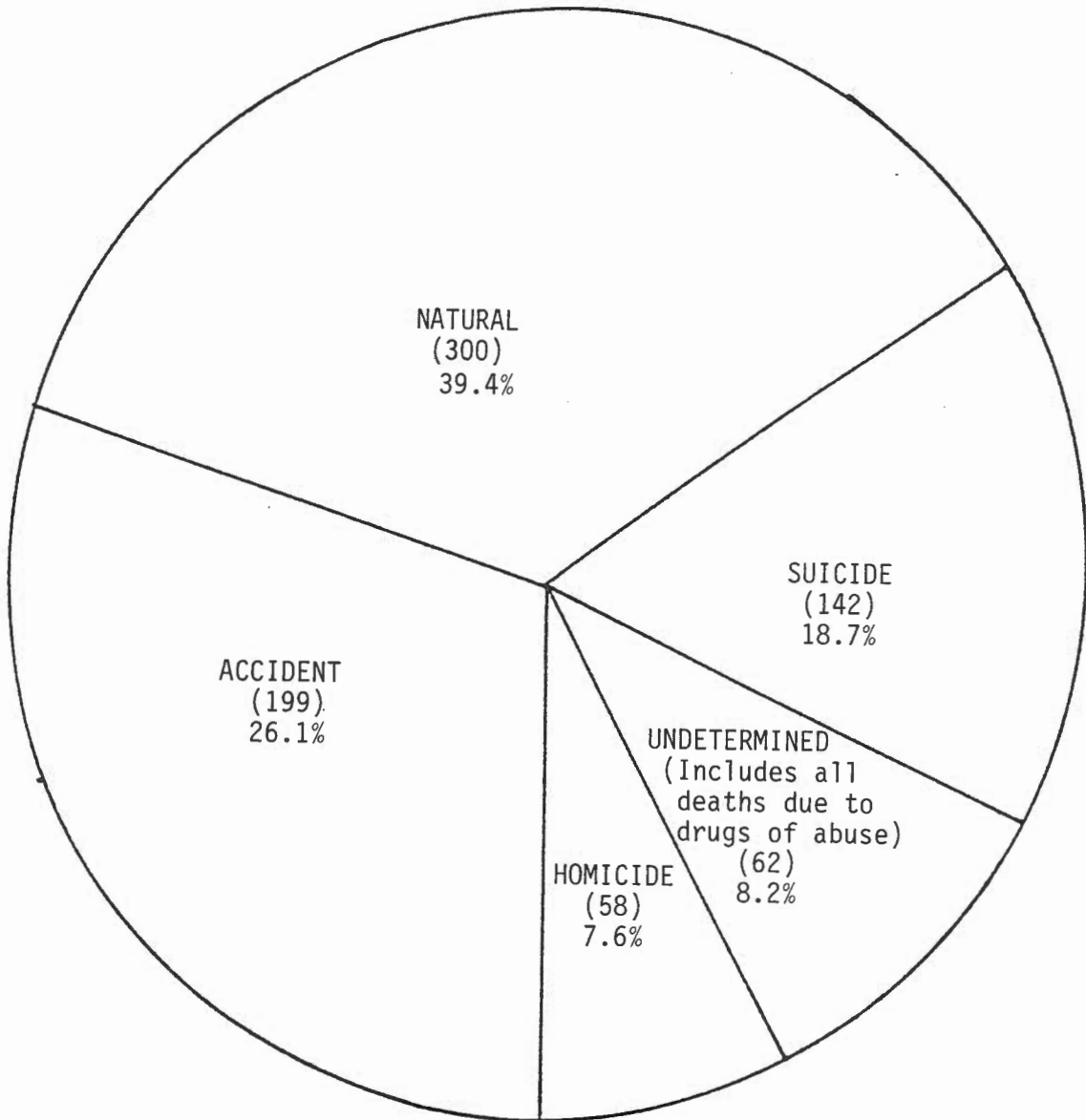
Railway	2	1	1	2	1
Motor Vehicle	147	141	121	126	112
Motor Vehicle, Non-Traffic	1	3	1	6	4
Water Transport	1	0	0	0	0
Air & Space Transport	4	2	3	1	2
Drugs & Medications	2	1	3	0	0
Solid/Liquid/Gases/Vapors	3	4	7	3	2
Deaths Related to Surg. & Med. Care	0	2	2	2	3
Falls	17	29	38	73	69
Fires & Flames	5	13	8	12	13
Natural & Environmental Factors	3	5	2	6	2
Drowning, Suff. & Foreign Bodies	18	24	15	15	10
Other	<u>14</u>	<u>7</u>	<u>8</u>	<u>17</u>	<u>9</u>
Total	<u>220</u>	<u>232</u>	<u>209</u>	<u>263</u>	<u>227</u>

-continued-

STATISTICS (con't)

	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
<u>SUICIDE DEATHS BY CAUSES</u>					
Solid or Liquid Substances	16	24	14	25	27
Gases and Vapors	21	17	20	8	15
Hanging	20	15	21	20	24
Drowning	2	0	1	2	1
Firearms	76	54	62	67	69
Cutting & Piercing	1	4	2	1	2
Jumping from High Place	2	1	0	1	1
Other & Unspecified	<u>2</u>	<u>4</u>	<u>3</u>	<u>4</u>	<u>3</u>
Total	<u>140</u>	<u>119</u>	<u>123</u>	<u>128</u>	<u>142</u>
<u>HOMICIDE DEATHS BY CAUSES</u>					
Fight, Brawl	1	0	0	0	4
Poisoning	0	0	0	2	4
Strangulation	3	2	2	2	3
Drowning	0	1	0	0	0
Firearms	36	36	31	50	29
Cutting & Piercing	3	5	12	8	9
Child Battering & Maltreatment	0	0	0	3	2
Other & Unspecified	<u>6</u>	<u>16</u>	<u>6</u>	<u>6</u>	<u>7</u>
Total	<u>49</u>	<u>60</u>	<u>51</u>	<u>71</u>	<u>58</u>
<u>*UNDETERMINED</u>	<u>58</u>	<u>46</u>	<u>48</u>	<u>48</u>	<u>66</u>
(*Includes all cases of deaths due to drugs of abuse)					
<u>TOTAL DEATHS REPORTED</u>	2704	2947	3201	3521	3632
<u>TOTAL MED. EXAMINER CASES</u>	2253	2353	2466	2691	2853
<u>TOTAL AUTOPSIES</u>	619	580	522	636	580
<u>TOTAL POSTMORTEM EXAMS</u>	118	80	116	138	181
<u>TOTAL CREMATIONS</u>	1531	1627	1766	1895	2003
<u>TOTAL COUNTY DEATHS</u> (Reflects increase in County population)	8356	8479	8460	8520	8819

MEDICAL EXAMINER  
AUTOPSIES AND POSTMORTEM EXAMINATIONS  
BY MANNER OF DEATH



580 AUTOPSIES AND 181 POSTMORTEM EXAMINATIONS

**OAKLAND COUNTY MEDICAL EXAMINER  
DEPARTMENTAL STATISTICS**

	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
Total Deaths in County	8356	8479	8460	8520	8819
Total Deaths Reported	2704	2947	3201	3521	3632
Total Deaths Investigated	2253	2353	2466	2691	2853
Accidents	220	232	207	263	227
Suicides	140	119	123	128	143
Homicides	49	59	51	71	58
Naturals	475	460	426	551	568
Undetermined	59	47	48	48	66
Autopsies	619	580	522	636	580
Postmortem Examinations	118	80	116	138	181
Number of Autopsies & PM's	737	660	638	774	761

## DEFINITIONS OF STATISTICS

### NATURAL DEATHS:

Where the naturally occurring disease processes lead to the end of life.

### ACCIDENTAL DEATHS:

Where untoward effects of actions of individual(s) (negligence, loss of control, etc.) result in death(s), including naturally occurring forces in the environment (e.g. floods, lightening, animal attacks, etc.).

### SUICIDE DEATHS:

Where death results exclusively from a self-inflicted injury(s).

### HOMICIDE DEATHS:

Where death resulted from injuries inflicted by another person(s).

### UNDETERMINED

This category of manner of death is used when there is not enough information gathered for the determination, after postmortem examination (including autopsy), toxicologic analyses, and a thorough investigation by police and Medical Examiner, in order to classify the causes as natural, homicidal, suicidal, or accident.

## RETIREES

<u>NAME</u>	<u>POSITION</u>	<u>YEAR RETIRED</u>
BAYNES, Goebel	Administrator	1988
BARANSKI, Irvin	Investigator	1990
BISHOP, Bill	Investigator	1989
BOLAND, John*	Investigator	1980
BURTON, John*	Medical Examiner	1976
GARTON, Robert	Investigator	1982
HILL, Harry*	Investigator	1988
JUBELT, Elmer*	Investigator	1980
PIOTROWSKI, William	Investigator	1979
STANIEC, Chester	Investigator	1985
VOORHEES, Betty*	Typist II	1975
WHALEY, Howard	Administrator	1979

\*Deceased