

Snohomish County Medical Examiner



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About Snohomish County Medical Examiner

The primary purpose of the Snohomish County Medical Examiner's Office is to determine the cause and manner of death which are of concern to the public's health, safety and welfare. The Medical Examiner is a physician and forensic pathologist who is authorized by the state statute to investigate sudden, unexpected, violent, suspicious or unnatural deaths of persons who die within the geographical boundaries of Snohomish County. An accurate determination of the cause and manner of death is essential to achieve our goals:

1. The innocent shall be exonerated
2. Homicide shall be recognized
3. Criminal and civil court proceedings will be provided with documented, sound, and impartial medical evidence
4. Unrecognized hazards to public health and safety shall be revealed
5. Industrial hazards should be exposed

<http://www.snohomishcountywa.gov/198/Medical-Examiner>

MEDICAL EXAMINERS

A *medical examiner* is licensed physicians who has specialized training and board certification in the field of Forensic Pathology. If you are interested in becoming a Medical Examiner, the first step is to become a physician. You should consult with career counselors at your University for the best approach given your interests.

A medical examiner is a forensic pathologist. A forensic pathologist is a physician ("doctor") who has performed about three years of post-medical school specialty training in anatomic pathology (a specialty area involving the study of disease in body tissues; you can Google "Pathologist" to learn more). The forensic pathologist is different than the usual hospital pathologist, because a fellowship (usually one year) specializing in forensics must also be completed.

"Medical Examiners" are different than Coroners, in that a Coroner is an elected position and usually does not have to be a doctor. Washington State has about six counties that are Medical Examiner jurisdictions (King, Snohomish, Pierce, Clark, Whatcom and Spokane); all of the remainder have Coroners. Coroners may be the county prosecuting attorney, a Family Doctor, the County Sheriff, or may be anyone else (for example, a Funeral Home Director) that was elected to the position. Coroners usually contract pathologists (many of these are hospital pathologists that do not necessarily have any specialty training in forensics) to actually perform the autopsies and they do not have to agree with the conclusion of the performing pathologist. The pathologist may conclude the case to be a "homicide", but the coroner may call it a "suicide."

MEDICOLEGAL DEATH INVESTIGATORS

A *medical investigator* responds to scenes to investigate the circumstances surrounding deaths under the jurisdiction of the Medical Examiner's Office and to assist the forensic pathologist with autopsies. If you are interested in becoming a [Medical Investigator II](#)

please review the job description for the minimum qualifications we seek when hiring for this position.

The medical investigators in our office have advanced training in forensic death investigation including witness interviews, accident reconstruction, evidence collection, and fingerprinting. Investigators secure and evaluate hospital and office records and perform profiles necessary in suicide determinations. They have knowledge of ballistics and ammunition and their effects on the human body. They determine time of death based on techniques such as cooling patterns and insect life cycles. The investigative staff maintains continuing education in forensic sciences by regularly attending seminars and lectures and staying current with the latest literature in the field. They may also be called to testify in the courtroom.

When a death under our jurisdiction is reported to the Medical Examiner's office, an investigation surrounding the death is initiated. The investigation may be done by phone or the medical investigator may travel to investigate the death scene and determine if the body should be brought back to our facility for further examination.

Our investigation may include interviewing family and friends of the decedent as well as witnesses, law enforcement and health care providers. A thorough investigation of the death scene may include collection and preservation of evidence to be examined by the crime lab. Photographs of the scene are taken and personal property on the body will be collected as well as necessary documentation to locate and notify the next of kin. Any and all personal property that accompanies the decedent to the medical examiner's office will be released to the next-of-kin, unless such property is to be used as evidence in a criminal proceeding. During the investigation, the medical investigator will consult with the forensic pathologist on call and may request his presence at the scene. A complete investigative report is then prepared and filed.

"Medicolegal Death Investigators" (such as those that work in our office) have attended the university and many of them have bachelor degrees in criminal justice or in forensic science. Some colleges (for example, Seattle University) have four-year bachelor degree programs in Forensic Science. For example, please see this web page:
http://catalog.seattleu.edu/preview_program.php?catoid=4&poid=419&returnto=207

The following web page talks about Medicolegal Death Investigators:

<http://abmdi.org/>

At the SCMEO, we have 10 Medicolegal Death Investigators here that work for the two Forensic Pathologists. These Investigators typically attend most scenes of death that do not require the actual attendance of the Medical Examiner (the ME will personally attend all known homicides or deaths considered "suspicious" by the law enforcement agency of jurisdiction). The investigators interact with the police, they document the scene of death (including taking photographs), they interview people and family members at the scene of death and they are the representatives of the SCMEO. They sometimes have to deal with angry people, hysterical people, grieving people, etc.

Answers to your questions pertain to Medical Examiners and not to Investigators. A person could possibly be working as an Investigator 4 or 5 years after high school graduation, if the necessary training was accomplished. To become a Medical Examiner, it would be a minimum of 12 years of training after high school

FAQ QUESTIONS

What character traits are required in this career?

Persistence: To go through college, get accepted to medical school (and to complete it), finish the necessary residencies and fellowships and pass all of the necessary certification examinations. Self-confidence: To testify in a courtroom, sometimes with difficult questioning. A critical nature: Not so self-critical that confidence is eroded, but able to question the information being presented as "truth", and consider other possibilities. Also you need to be a critic of your own conclusions. An unwillingness to "cut corners" or take "shortcuts" is also required. If you don't have these things in this field, it can lead to disaster.

A person must be able to deal with some of the unpleasant and depressing issues in life. Practicing forensic pathology gives a day-in, day-out exposure to death. It is not like going to work at a bank, in that sense. Also, despite the way that the popular media portrays death investigation, it is anything but glamorous.

A Medical Examiner (or Coroner) must have a "thick skin." This is because a death investigation office (such as a Medical Examiner Office or a Coroner Office) is subject to public scrutiny. Any mistakes can be lambasted in the press. A Medical Examiner may also be second guessed by family, attorneys, etc. A Medical Examiner (or Coroner) must be cautious. Many times they can be easily led down "the rosy path", and things are not always as they seem.

What type of schooling or education is required?

University (4 year); then
Medical School (any accredited one); then
Anatomic Pathology residency; then
Forensic Pathology fellowship.
(SEE LAST PAGE)

Do you have to help families with grief?

We have to talk with the families and explain our findings to them. At the same time we have to obtain further information from them that may be relevant. We are not grief counselors, but we do our work in the setting of grieving people. Sometimes it helps families just to listen to them. Sometimes it helps families to know why their loved one died.

Do you ever examine kids? If so how do you deal with it?

Kids can be particularly difficult. First, it is difficult for the family to lose children; parents always expect their children to outlast them, and when a child dies sometime the hopes and dreams that the parents felt with that child die with that child. It is difficult with child abuse and neglect cases, because they are never pretty, and a professional must almost look at a case with clinical detachment, even if they are personally revolted by what they see.

What's your typical day?

Morning report: Review of the day's cases including scene photographs. Also, we review the list of the deaths that occurred in the last 24 hours, especially the ones (which are the majority) that we did not accept jurisdiction over.

Autopsies: We do either complete autopsies or external view only examinations for the cases actually brought in. We have to determine what the appropriate level of examination is for any particular case.

Other tasks: Completing the data entry and dictations; looking at microscopy; final edits. The autopsy is not over when the examination is completed. The case must be dictated and sent off to the transcriptionist. The data is entered into our data base. The toxicology (or other) specimens get sent out. We later receive the transcribed autopsy report and must edit it (sometimes we have new information; sometimes we don't like how we said something). When results specimens come back they are entered and examined.

What factors are considered in a death investigation?

In most of our cases, we have to determine not only what the cause of death is, but also the manner of death. There are many causes of death. However, there are only five manners of death:

- 1.) Natural (most deaths fall under this category; these would be deaths due to disease processes such as heart disease or cancer);
- 2.) Accident;
- 3.) Suicide;
- 4.) Homicide; and
- 5.) Undetermined (used when we cannot assign a manner with certainty).

Although a gunshot wound (for example) cannot be natural, you probably can imagine it being due to an accident, suicide or homicide (or even undetermined) as possible manners.

In our work, we first must have information coming from the scene of death. This is similar to a physician who is examining a patient in clinical medicine...that physician would first take a "history." Our "history" may include medical information, or it may include what happened in the time leading up to the individual's death. The medical examiner either visits the scene of death directly or sends an assistant, the medicolegal death investigator (who is an individual specially trained to investigate death scenes).

Only after we have the initial information can we do an autopsy. The autopsy would be equivalent to the physical examination performed by a clinical physician examining a patient. However, autopsies cannot be done "in a vacuum", because a same autopsy finding may be found, yet being caused by totally different causes.

Foamy, frothy respiratory secretions coming out of the nasal and oral cavities can be seen in an acute drug overdose, drowning, or congestive heart failure. If we try to diagnose "drowning", without knowing that the person had long-standing heart problems and died in bed, we may come up with the wrong diagnosis. The correct diagnosis in that case would be congestive heart failure.

There are times that after we have the initial scene investigation (history), autopsy (physical examination), and toxicology (laboratory testing) complete; we may still be unable to determine the cause of death in a case. Perhaps in another particular case we know the cause of death, but it is the manner of death that is difficult to determine.

How do we overcome that problem?

Sometimes, we can ask the investigator (or the responsible police) to gather additional information. That additional information might come in the form of additional medical records or further interviews of witnesses. Sometimes, we can do an additional test that might help solve the case. Sometimes, we can present the whole case to our colleagues and get their opinion. The colleague(s) may think of something that we did not originally consider.

What kind of writing do you have to do? (ex: expository, descriptive, etc.)

Typically, we write autopsy reports. These are predominantly descriptive, describing the various findings. We also write a section which in our reports is called the "Opinion." In that section, we must summarize with the following five elements:

- 1.) Who is the deceased?;
- 2.) What did he (she) die of?;
- 3.) What were his (her) injuries and how did his injuries lead to that cause of death?;
4. (Considering the fifth element) What evidence supports the manner of death?:
and
- 5.) What is the manner of death (manner being either "natural", "accident", "suicide", "homicide" or "undetermined."

This information has to be written in such a way to be understood by a mixed audience. The audience may include family members, other doctors, law enforcement officers, prosecutors and the courts. The educational level can vary anywhere from the doctorate level to a less than eight grade education.

How has writing helped you in this field?

As you can see, we must be able to explain the circumstances of a death so that a whole wide range of audience members may understand.

How much paper work do you have to do every time you perform an autopsy?

We enter our "body diagram" on a WORD document using a tablet. It is similar to signing your signature in the supermarket. We also dictate our findings. We review and edit the transcripts of our dictations. We enter further results and finalize the report. A simple report can be done in less than one hour; a complex report may take many days.

When you are doing an autopsy what goes through your mind, not necessarily logically but for instance emotionally.

In some cases, we are going to be emotionally disturbed by the case. A little child beaten to death will be disturbing no matter what, but we must complete the examination. A certain clinical detachment must occur or we cannot function. An emergency room doctor could not treat a patient if the sight of blood prevented the doctor from treating the patient. In other cases, we must ask "why did you die? "Why were you fine one day and dead the next?"

What would you say is the "art" of performing an autopsy, not step by step but do you have a certain way you come by this or do you follow the specific rules step by step and never go out on a limb?

We tend to do things the same way in a methodical manner. That way we do not forget to do things. Sometimes it seems silly to do a certain step, but we do it each time so that in a case where that step is crucial, we did not forget to do it. It is also important to draw conclusions by what the data supports and not draw inferences that cannot be justified. We should try to be aware of our own biases and not let them interfere with the data and information that we provide. We must go into a courtroom and decide that we will present the data in a way that everyone can understand. We will let the jury (the "triers of fact") decide what to do with that data.

What do you find most difficult about your job?

Some of the more difficult parts to the job are dependent upon the case. Infants, children and teenagers are usually the most difficult cases. Cases of a violent nature can also be difficult to deal with. Other difficulties are trying to maintain that professional distance from a case. Some cases hit close to home with some aspect of your life. It is your job as an

investigator or pathologist to maintain that professionalism and composure with the family and those involved.

What are the most common cases you see?

The most common cases tend to be deaths occurring from overdoses and natural disease deaths. A lot of the time people who seem healthy or have minimal health history will die suddenly and unexpectedly. When we perform the autopsy we will find that they have significant heart disease or vascular disease. With overdoses it is a combination of illicit and prescription drug deaths which are more and more common.

What are the benefits of this career?

Some of the benefits are that you can help bring closure for a family. They may have a loved one who suddenly dies and was reportedly in good health. An autopsy then shows that they had a condition that they were completely unaware of. That benefits them in two ways one they know the reason they died and two if they have children or siblings they will know what they need to be screened for by their physician. Another benefit is to being able to educate both law enforcement and the general public of what we do and why we do it. Television has brought a light to our field but it has painted it in an inaccurate light. Unfortunately we don't get results in an hour or even a week's time. Realistically it takes 2-3 months for results and findings to be determined. By talking with families and the general public we are able to disprove these television myths.

What is some advice you can give to someone starting this career?

The best advice is to be prepared to work long hours and days, work in less than ideal conditions, be able to maintain composure when dealing with trying circumstances, and to have compassion. Be prepared to make sacrifices and to be able to be a team player. In this field we are open 24 hours a day, 7 days a week. You need to be prepared for working at any of those times or being called in at a moment's notice. You need to be prepared to climb a mountain side to retrieve remains or bring them down four flights of stairs. Most importantly, you need to have a passion for doing this work.

What is the most stressful thing about this career?

One of the most stressful things can be the work itself. In this field of work you see things that most people will never see in their lives. Being able to disconnect and being able to distance yourself emotionally is key to longevity in this field. There can be an emotional toll when dealing with death and grieving families that will sometimes hit you when you are done for the day. Having a strong support system helps to ease the stress that comes from this job.

Sample academic training required in order to become a Forensic Pathologist

Starting Point: Graduate from High School

College: 4 years

Any major is okay

Generally need a minimum of:

- 1 year of biology
- 1 year of physics
- 2 years of chemistry + biochemistry

To gain entrance to Medical School you will need, in addition to a college education:

- Very good grades
- High admission test scores
- Some type of practical experience in health care
- Strong letters of recommendation
- Be able to handle a personal interview well

Medical School: 4 years

General outline:

- 2 years of basic sciences [anatomy, physiology, pharmacology, etc.]
- 2 years of clinical rotations [internal medicine, surgery, pediatrics, obstetrics, psychiatry, etc.]

Residency Training: 4 years of training after graduation from medical school

Hospital and clinic based training in Anatomic or Anatomic and Clinical Pathology

Forensic Pathology Fellowship: 1 year of training after completion of residency

Board certification in forensic pathology requires completion of the training listed above and passing an examination administered by the American Board of Pathology.

Please consult with your academic advisor for academic guidance. A useful website with a list of colleges and programs is <http://www.aafs.org/>

Minimum training *after* high school graduation is 13 years!

