

Beyond the Surface: Delving into Medicolegal Death Investigations of Suicides



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Coroners & Medical Examiners Are Arsenal to Public Health

- Fatality Reviews- Data is essential for mortality prevention.
Suicides, Overdoses, Infant, Maternal, Epidemic/Pandemic
- Detailed Death Investigation
Detail lifestyle, health, mental health & prescription hx
- Data
Death Certificates- accurate/inaccurate information

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Partnerships Are Important

Do you know who your Medicolegal Death Investigators are?

An open line of communication EMS, Law Enforcement, Hospitals, Physicians?

Is your jurisdiction reporting deaths to proper school authorities?

Real-Time Reporting = Real-Time Response

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Medicolegal Investigation

- The Role and Responsibilities of...

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Real Responsibilities for Coroners and MEs

- Respond to calls relating to SUDDEN death
- Partnerships with police, doctors, hospital staff, lawyers, etc.
- Determine the identity of the decedent -dental, fingerprinting, DNA
- Investigation of the scene, collecting evidence
- Forensic photography of scene, body, and autopsy
- Interviews: family, witnesses, friends, physicians
- Protect the decedent's personal effects
- NOK notifications & liaison providing support.
- Extensive records review- medical, mental health, and BOP
- Detailed reports-investigations, pathology
- Obtain fluids for tox and determine the need for an autopsy.
- Provide testimony in legal proceedings, both civil and criminal
- Public Health/Prevention of infectious diseases, opioids, suicides



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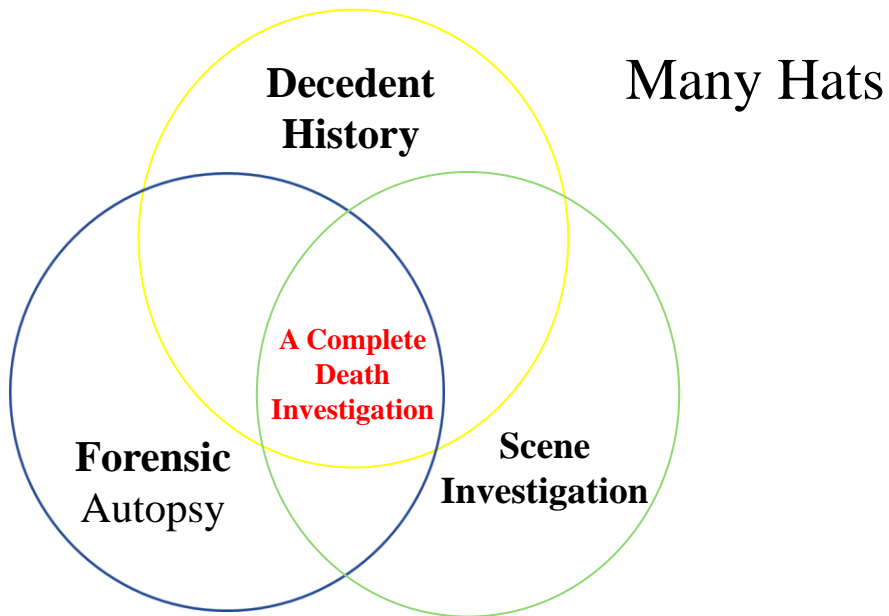
Types of Deaths Investigated/Standards

- Traumatic or Violent: Suicides, Accidents, Homicides
- All "Undetermined"
- Sudden unexpected deaths –any at home
- Hospital Deaths; ER, Less than 24 Hrs., unresponsive
- All deaths that occur while under the custody of law enforcement
- Anyone without documented medical history
- Deaths that may result in a threat to public health (Meningitis)
- Any unclaimed, exposed, or unidentified remains
 - Skeletal-Bone Fragments
- Any at-work death
- All children under the age of 18 w/out significant medical issues
- Stillbirths with a fetus over 20 weeks – Jurisdictional



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All Jurisdictions, regardless of laws



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Cause and Manner of Death

Cause: What caused the death to occur?

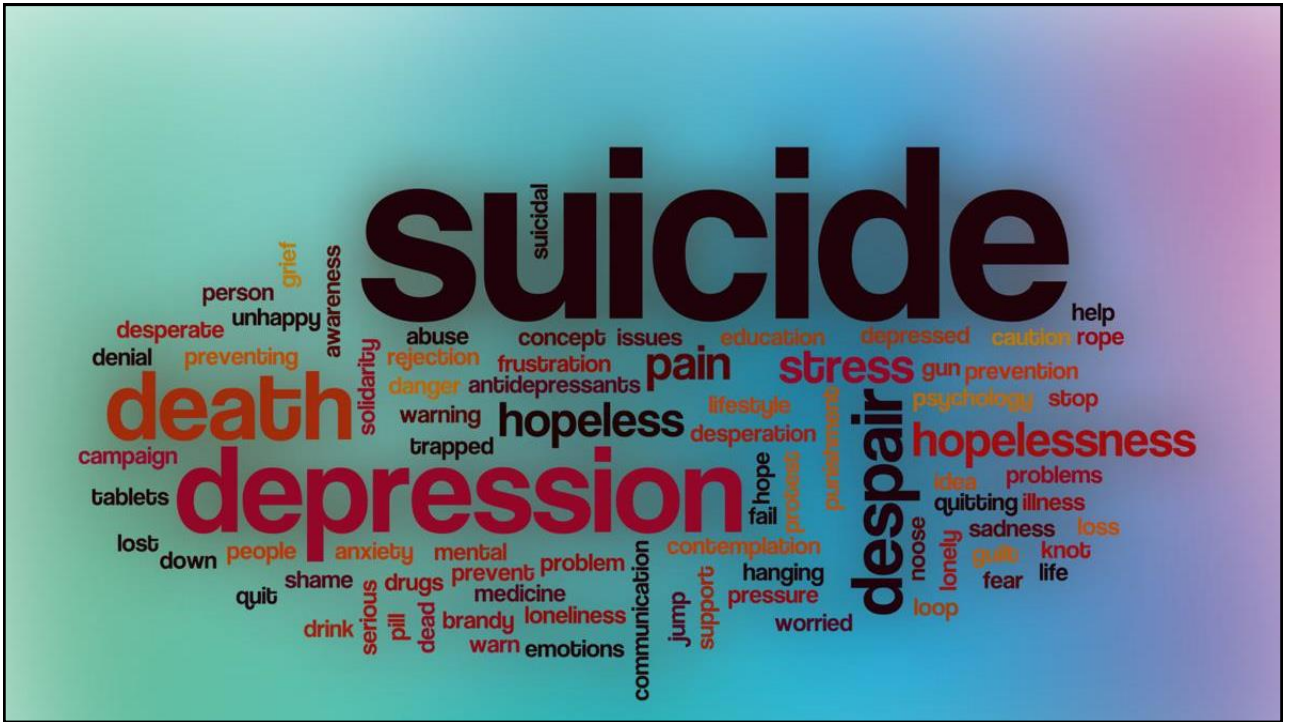
Mechanism: the physiologic or biochemical process that caused the death

Manner:

- Natural: Death by natural disease process
- Accident: Non-intentional, non-natural
- Suicide: Intent factor
- Homicide: Taking another's life
- Undetermined: Manner cannot be determined

The time frame between the incident and death?

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Manner - Suicide

Suicide: A death that occurs when an individual deliberately takes his or her own life through a series of deliberate actions.

Intent factor

Self Inflicted GSW, OD, Hanging, CO Deaths, Jump from Height

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Complicated Cases

- **Russian Roulette**
 - **Accident vs. Suicide**
- **Undetermined Deaths**
 - **Drownings, falls, etc....**
- **“Suicide by Cop”**
 - **Suicide vs. Homicide**
- **Suicide/Homicide**
- **Autoerotic Asphyxia**

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ME/Coroner Limitations

- Personal information pertaining to Mental Health Hx, Medical HX is protected by HIPPA
- Budgets and resources restrain ME/Coroners in rural jurisdictions
- Determining suicide vs accident. Very small numbers leave a note- At times, it is hard to determine
 - Suicide-Must have the self-harm intent
 - Accident –No intent present
- Social Stigma-Information is limited to what families disclose- we only know what we know

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Why Investigate?

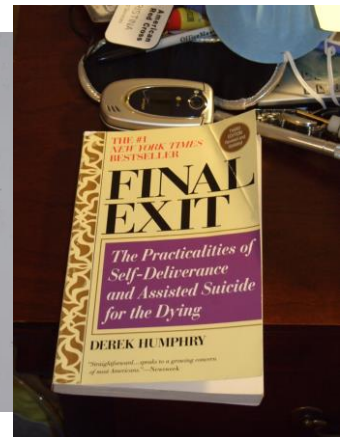
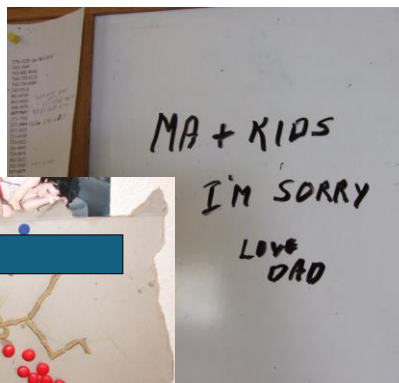
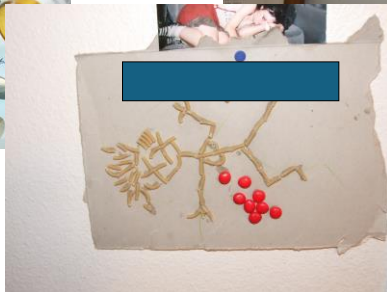
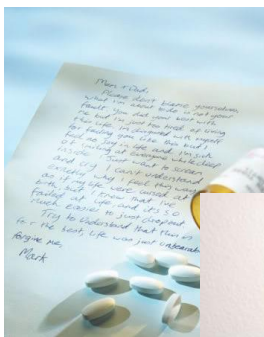
Conflicting Data and Unclear Intent

1. A salesman of bull semen (for A.I.) was found dead by nitrous oxide (used to store semen) in the back of his van.
2. Stockbroker involved in an about-to-collapse Ponzi scheme found drowned in a lake, with cinder blocks tied to his waist.
3. A 42-year-old male, no life changes, good job, family, no ideations, found with both arms completely cut from elbow to wrist...

Undetermined Manner

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Letters & Writings; Limited and not always “letters”



Suicide determinations should NEVER be made based on notes left.

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Cause	Type	Other Significant Conditions	Type	Drugs/Meds/Poison (on board)	Note on Scene	MH Status/Diagnosis	Past SI Hx or Attempts/Hosp	Active Suicidal Ideation	Medical Issues	Active Medical Hx	Relationship Issues	Relationship/Legal/Financial Issues	Employment/Work Hx	DOD Day of week	Vet
Hanging asphyxia by ligature				methylphenidate 12 ng/ml, ritalinic acid 150 ng/ml, paroxetine 34 ng/ml, desmethylloxeprin 150 ng/ml	Y, note in truck	bipolar depression, auditory hallucinations, schizoaffective disorder, PTSD, hypersexual behavior, in tx, on meds	Y, 2 hospitalizations since age 7, psychosocial rehab age 6, reported 3 hanging attempts at age 7		Y	ADHD, fetal alcohol syndrome (in utero narcotics exposure)	Y	father and step-mom separated due to decedent's behavioral issues, shared custody; no known SI per family; no complaints throughout day; possible assault chrg from 6th grade teacher; family and records indicate bio-mom lost parental rights due to physical, emotional abuse of decedent, possible sexual abuse at daycare; family was awaiting residential tx approval	student - Anser Charter	Wednesday	
GSW head				---		ADHD, anxiety, depression, paranoia, schizophrenia - non-compliant w/ meds	Y, SI stmts, attempted shooting self 15 yrs ago w/ hosp		Y	oxycodone abuse; THC and ETOH use; salvia use	Y	ETOH w/ DUI as juvenile; job loss 12-11-20; in prison 3 yrs; living in motel for a few months; PO reported active paranoia; IDOC reported hitting self in head		Thursday	
Hanging asphyxia by ligature				ETOH BAC .054, sertraline 180 ng/ml, desmethylsertraline 850 ng/ml,		Y, anxiety, depression	Y, hx of attempts, most recent attempt		Y	hx of HTN, allergic rhinitis, migraines, sleep issues, ETOH abuse, on		ETOH abuse w/ relapse over Christmas; known distant past heroin, cocaine use and current ETOH abuse;	Y	Sunday	

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Suicide Risk Formation

FACTS

- There is no single cause of suicide
- There is no single TYPE of suicidal person

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- Men more than women
- Middle age white males are the majority
 - Relationship, loss of...
 - Loss of social supports
 - Liquid courage
 - Access to lethal means
- Rural communities more so than urban
 - Lack of social supports
 - Clusters
 - Access to lethal means

Suicide is an outcome that requires several things to go wrong all at once...

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Signs of
suicide that
should be
documented

- Deviations from the normal routine
- Evidence of preparations to die
- Expressions of a wish to die/ideations
- History of previous attempts
- History of mental disorder, generally untreated
- Recent depressive symptoms
- Abusing substances, liquid courage 90%
- Recent life stressors; relationship Issues #1
- Recent refusal of medical care – elderly or chronic

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Cont. Signs of suicide that should be documented

Expressions of feeling trapped, no way out

Withdrawing from family/friends

Abruptly ending personal relationships

Unusually long grief reaction

Acting reckless/engaging in risky behavior

Excessive rage/anger, seeking revenge

Drastic mood changes

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Discussions with the Family

- #1 rule: Be honest
 - It does not benefit the family to be dishonest about the findings in suicide cases.
 - Some questions may seem intrusive but are necessary. Explain why difficult questions are being asked (previous suicide attempts, love affairs, drug use, autoeroticism)
 - Ensure the family that their answers will remain confidential as far as the law allows.

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Sudden death takes families by surprise. They may be confused about why the coroner is there. Explaining why you are involved, what is going to happen, and what is expected of them can help relieve unnecessary worry and allow them to anticipate procedures, delays, and future events. The family, at minimum, should be told the following:

- Explain what is believed to have occurred.
- Location of the body
- What procedures will be performed (autopsy, inspection, examined and release from scene)
- Timeline for release
- How personal property will be returned (if possible)
- Timeline for autopsy results, tox results, identification, etc.
- Provide guidance on what they need to do to make arrangements.
 - ***Do not suggest or refer them to a specific funeral home***
- Investigator and office contact information in the form of business cards or handouts

Encourage the family to contact the investigator or office for any questions that may arise.

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Respond to the Family's Reactions

- Bereaved survivors will exhibit a wide range of emotions
- It is important to remain calm, objective, sympathetic, and focused on the task.
- Reactions usually center around a bereaved person's loss of control
 - Helplessness that the death has occurred
 - Helplessness that the body is inaccessible
 - Helplessness about what is going to be done to the body
- Each of these can be addressed by effective communication and explanation of why things are done the way they are.
- Often times, a family's concerns can be alleviated even if it requires a small change in routine that can be accommodated.

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Explain in accurate, concise details what is believed to have happened without using graphic language.

- “Your husband was hit by a car while crossing the street on his way to work.”
- “Your uncle was found dead in his apartment by a neighbor. We are conducting an investigation to determine how he died, but at this time, it appears to be natural.”

If the family desires more information, they will ask, and they should be given correct and concise information. Do not speculate.

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Prepare the Family for Identification Viewing

- It is generally not necessary for family members to view a body at the morgue
- Inform the family that the funeral home can provide a viewing after it has been properly cleaned, dressed, and prepared.
- If a family insists it is their legal right to do so
 - Inform them of the limitations of visual identification
 - Suggest viewing via digital photo, through a glass partition, or by a remote camera.
 - In cases of trauma, efforts should be made to drape affected areas.
 - Explain what they will be seeing in order to prepare them.
 - They must sign a consent form when viewing a badly damaged or decomposed body after making every effort to describe to them what they would be seeing if proceeding.
 - Protection of evidence in pre-autopsied bodies is always the number one priority.

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Resources to share with the family

- Develop Family Packets

- Law enforcement contact information
- Funeral home contact information
- Crime scene clean up
- What to expect, why completing the investigation/autopsy
- Time Frames
- Counseling resources

Frequently Asked Questions

11.Q. How do I contact the ** County Coroner's Office?

The ** County Coroner's Office can be reached at 208-287-5556, investigators are available 24/7, and someone can always be reached. The business office is open Monday through Friday from 8 AM to 5 PM and closed for lunch daily from 12 PM to 1 PM. The office is also closed on holidays. To contact the after-hours on-call investigator, please call 208-xxx-xxxx and select option #1.

Q. Where does the Investigator take my loved one?

Your loved one will be taken to the xxx County Coroner's Office at..... In some cases, your loved one does not need to be taken to the Coroner's Office and will be released directly to your chosen funeral home.

Q. What funeral home should I use?

Because the xxx County Coroner's Office is a governmental office, we can't refer families to specific funeral homes. We encourage you to consult with your family and friends for recommendations. If you're unsure which to use, a list of local and surrounding funeral homes is included in this packet in the Funeral Homes with Phone Numbers section.

There are a number of local funeral homes in xxx County that participate in a monthly rotation with the Coroner's Office to work with families when their loved one can be released directly to a funeral home and not taken to the

- Man Therapy

- <https://mantherapy.org/explore-topics/gentle-mental-health/368/depression>

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Psychological Autopsies

- Complete extensive report
- Complete thorough interviews of family, friends, and acquaintances
 - Habits, Character, Personality, Personal Relationships
- Complete review of medical records
 - ER Visits, Medical History, Alcohol Abuse, Drug Abuse, etc.
- Complete review of mental health and diagnoses
 - Records and Treatment
- Complete review of the State Board of Pharmacy

Suicide vs. Accident vs. Homicide
Why, Why Now, Why this Way???

Suicidal individuals die from accidents and homicides... We need to be as accurate as possible!!

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Last Notes

- MYTH – Suicide happens on a whim and not seasonally.
- Suicide Attempts: Working on the ability to overcome self-preservation.
- People continue to live their lives as they plan their death.
- A decision is made to pull it off the back shelf.
- They believe their death is worth more than life
 - Life Insurance
 - Poor marriage/relationships with family – get on with their lives (family) without having to deal with the issues that the person is going through.

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