



NATIONAL COMMISSION ON FORENSIC SCIENCE

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Recommendation to the Attorney General Formation of a National Office for Medicolegal Death Investigation

Subcommittee
Medicolegal Death Investigation
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Final

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Overview

The medicolegal death investigation system has many needs which are not being met. These needs involve accreditation of facilities, certification of personnel, development of modern facilities to replace outdated facilities and in areas which lack readily available qualified service providers (underserved areas), and improved recruitment and retention of professionals in the specialty of forensic pathology. There is not a single federal, other governmental or private-sector organization or agency whose primary responsibility and goal is to coordinate and enable ongoing support of these needs. A permanent office is needed to coordinate support the medicolegal death investigation system.

Recommendations

The National Commission on Forensic Science recommends that the Attorney General take the following action(s):

- **Recommendation #1:** The Attorney General should work with the White House Office of Science and Technology Policy's Medicolegal Death Investigation Working Group and other federal agencies and professional organizations to develop a permanent National Office of Medicolegal Death Investigation which would coordinate ongoing support of the nation's medicolegal death investigation systems to improve quality, consistency and the meeting of criminal justice and public health needs. Such support would not only be for daily and routine operations, but for development and implementation of new technologies, equipment, personnel, and the fostering of research with federal funding and agency support.

The recently formed White House Fast Track Working Group on Medicolegal Death Investigation has recognized that federal need of death investigation data for public health, public safety, and

criminal justice purposes is not being met and that efforts are fragmented and in need of organized consolidation (1). The problem goes deeper than that in that the medical examiner coroner systems which are expected to provide such data in the United States are often not equipped to adequately investigate relevant deaths and collect and report relevant information about them. For example, the types of death investigated, the extent of such investigations, and the autopsy rates among the systems vary considerably (2).

- **Recommendation #2:** The Attorney General should, through the National Office in conjunction with the National Institute of Justice, recommend ongoing funding and support to improve the recruitment and retention of forensic pathologists, modernization of facilities and creation of facilities in underserve areas, accreditation of medicolegal offices and certification of its personnel, and the establishment of a national information network for the nation's medical examiner and coroner offices.

The former NIJ-supported Scientific Working Group on Medicolegal Death Investigation (SWGMDI) has fully documented the need to increase the number of forensic pathologists in the United States and develop regional death investigation centers of excellence in needed areas (3-5). A more recent publication has suggested that regional centers may be the key to securing the future of medicolegal death investigation and meeting user needs (6). The National Commission on Forensic Sciences' Medicolegal Death Investigation Subcommittee has re-affirmed the needs cited in the SWGMDI reports and has also reported the need for accreditation and certification of, and communication among medicolegal death investigation office and personnel (7-9).

The intent of the recommendations does not include "federalization" of medicolegal death investigation which has been a matter for state and local governance and primary support. Instead, the concept of a national office is to support local and state efforts with research, development and necessary grant funding, not to supplant state and local control.

Background Information

Twenty years ago it was suggested that a "National Office of Death Investigation Affairs" (NODIA) be established to assist death investigation on all fronts including hospital autopsies and investigations conducted by medical examiners and coroners (10). Before and after that publication, autopsy rates in hospitals declined to very low levels. As a result, and the medicolegal death investigation system has had to absorb so many cases that the vast majority of autopsies in the United States are now being done medical examiner and coroner offices, which have assumed responsibility for monitoring the nation's health via reporting of mortality data (11).

Federal programs and grant opportunities to support medicolegal death investigation has been meager in number and dismal in dollar value. Efforts are fragmented and have been limited almost exclusively to the Office of Justice Programs and criminal justice programs, ignoring public health and safety needs. Meaningful, substantial, and ongoing financial support from health entities such as the Centers for Disease Control and Prevention and National Institute of Health is conspicuously absent. An ongoing and permanent Office is needed to bring together all interested entities to

financially support and improve medicolegal death investigation and to acquire relevant data for governmental and other entities in need death of such data to support their programs.

Implementation Strategy

The White House Medicolegal Death Investigation Working Group should work with various federal agencies to develop a plan for a permanent, independent National Office for Medicolegal Death Investigation and identify the federal entities which have interest in, and obligation to contribute to the funding of such an office and its programs. Obvious agencies include, but need not be limited to the Centers for Disease Control and Prevention, National Institute of Justice, National Institute of Health, Institute of Medicine, Department of Homeland Security, Department of Transportation, National Transportation and Safety Board, Consumer Product Safety Commission, Armed Forces Medical Examiner, Department of Defense, and Food and Drug Administration. Representatives of the National Association of Medical Examiners (NAME), International Association of Coroners and Medical Examiners (IAC&ME), American Board of Medicolegal Death Investigators (ABMDI), Society of Medicolegal Death Investigators (SOMDI), American Board of Pathology (ABP), Accreditation Council for Graduate Medical Education (ACGME), and Forensic Specialties Accreditation Board (FSAB) should be involved in the formative processes.

Initially, funds for initial meetings of the working group would come from the White House OSTCP and NIJ. The working group would identify a physical location for the national office and identity staffing needs and qualifications for staff. Once established, costs of supporting the national office would be provided by the participating agencies with the goal of eventually getting the national office established as a government entity with its own budget. It is conceivable, and possibly desirable, that the proposed National Office could physically house the headquarters of NAME, IAC&ME, ABMDI, and SOMDI, none of which have their own permanent physical office space. Such an arrangement could facilitate the programs and activities of the national office.

The crucial need of increasing the supply of forensic pathologists would need to involve a combination of approaches including educational loan forgiveness, establishment of forensic pathology training programs in areas where they are lacking, improved exposure to forensic pathology in medical school and pathology residency training, stipends for moving to locations for training where forensic pathology training programs are located, provision of modern facilities in which it is pleasant and safe to work with professional colleagues and standard-complaint case load, and improvement of forensic pathologist salaries to make them competitive with other medical specialty areas.

Costs of the Recommendations

Except for the costs of a physical office and staffing of the national office, cost estimates for the various components have been outlined in previous SWGMDI and NCFS MDI-subcommittee documents (3, 5, 7-9).

The average monthly cost of office rental space has been reported at about \$2 per square foot (12, 13). Estimated annual costs for the national office physical space (5000 square feet) and management and support staffing with salaries equivalent to that in medical examiner/coroner offices (estimated 5 FTE) are \$120,000 and \$441,600 respectively, for a total of about \$561,600 (5). An additional 15% for operating expenses (a typical amount in government office settings) would bring the total to \$645,840 for office space, staffing, and associated office operating costs.

In terms of program costs for accreditation, certification, information sharing, facilitating recruitment and retention of forensic pathologists, and construction of regional centers of excellence, previously published SWGMDI and MDI-Subcommittee estimates of initial and annual costs are as follows (3,5,7-9):

Task	Initial Cost	Ongoing Annual Cost
Accreditation	6.50 M	2.30 M
Certification	2.20 M	2.20 M (average over 5 years)
Information Network	0.13 M (\$130,000)	0.06 M (\$60,000)
Regional Centers	3.40 M per center (1)	1.90 M per center (1)
Forensic Pathologist Supply	27.00 M	27.00 M
TOTAL	39.00 M	47.00 M (2)

- (1) The costs for regional centers are based on the assumption that a regional center would serve a population of 500,000. Costs for larger regional centers can be calculated by adjusting costs upward proportional to population. It is estimated that as many as 46 regional centers may be needed.
- (2) Total ongoing annual costs are based on an assumption that three regional centers would be built per year

Thus, ongoing annual costs to implement all activities and maintain a National Office would be about \$47.6 million per year. The National Office alone would cost less than \$1M per to operate. To address the cost of research, study needs to be done to identify specific research needs, estimated costs, and federal agencies which could provide the needed funding and support.

Comments

There is much work to be done. The goals outlined in this recommended cannot be accomplished in an acceptable time frame without a dedicated office to pursue the goals, organize processes, and implement programs. This is why a National Office of Medicolegal Death Investigation is needed.

References

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