The Office of the Chief Medical Examiner (OCME) is the only agency in the State that performs medicolegal death investigation. We provide an essential core service and are bound by statute to investigate all deaths that are unexpected, suspicious, or unnatural. We are a specialized medical facility.

All Connecticut medical examiners are physicians who are board certified in general pathology and forensic pathology. Death Investigation is a medical practice that relies on physical medical examination and laboratory studies; this work must conform to professional standards of practice. As all other medical practices are licensed and accredited, so should OCME. Independent, peer review of medical laboratories is a required and essential component for quality assurance. For example, clinical laboratory services provided by the John Dempsey Hospital at UConn Health are accredited as full-service laboratories by four different State and National agencies.

In the United States, the National Association of Medical Examiners (NAME) is the accrediting body for medical examiner offices. Over half of the population in the country is served by offices accredited by NAME. NAME accreditation means that an office performs sound and timely death investigations that serve and protect the public health and safety. Accreditation instills confidence in the police, attorneys, and the families we serve. Loss of accreditation means that an office cannot meet the minimal standards of practice of death investigation. Mistakes by a medical examiner put people’s lives at risk, can result in the innocent imprisoned, and cost millions of dollars in civil claims.

Ideally, our State government should expect the Chief Medical Examiner, with oversight by the Commission on Medicolegal Death Investigation, to ensure that the OCME is staffed, funded, and working properly. Unfortunately, the OCME has seen a dramatic increase in work (a 60% increase in autopsies over the past 3 years) without a commensurate increase in staffing despite repeated pleas for help. The OCME has been unable to obtain enough support to maintain accreditation despite well-documented increases in work and warnings of loss of accreditation. In fact, if the OCME had not raised these issues and if the OCME had not been NAME accredited, the government would have been blind to these problems until there was the inevitable “front page” mistake due to the work conditions.

In 1970, the Connecticut government wisely decided to change from a coroner system to a State-wide medical examiner system. This centralized the work, brought in forensic pathology expertise, and removed politics from medicolegal death investigation. Since medical examiners make determinations that are unpopular with constituents (suicides, police-involved homicides, etc.), there is a risk that
political pressure may be applied to an office. To help insulate the OCME from political pressure, it was placed under the control of the Commission on Medicolegal investigation which is a multidisciplinary unpaid, committee of law and pathology professors and public members. They do the hiring and firing of the chief medical examiner but they have no budget control. The Legislature and Governor control the budget (and staffing, organization, etc.) of the OCME. NAME accreditation further protects the OCME from financial political pressure as loss of accreditation independently reveals any lack of support.

The Connecticut Department of Public Health requires every clinical medical laboratory in Connecticut to meet certain professional standards which requires inspection and accreditation. The OCME should be no different. As medicolegal death investigation is a specialized, technical field, it can only be properly evaluated by people with similar expertise. For example, one would not send an accountant to inspect the policies and procedures of a hospital hematology lab. Hospitals and medical labs are inspected and accredited by expert national bodies, such as the College of American Pathologists and the Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations). The NAME Accreditation Program is a peer review system similar to the College of American Pathologists. Their goal is to improve performance through objective evaluation and constructive criticism. The NAME inspector, a board-certified forensic pathologist, is the medical examiner's peer and serves as an independent inspector of the office.

What is NAME? The National Association of Medical Examiners (NAME) is the national professional organization of physician medical examiners, medicolegal death investigators, and death investigation system administrators who perform the official duties of the medicolegal investigation of deaths of public interest in the United States. As part of its mission to improve the quality of death investigation nationally and to recognize excellence in death investigation systems, NAME offers an inspection and accreditation program for medicolegal death investigative offices. This program is designed to offer expert evaluation and recommendations for improvement of functioning offices. Accreditation by NAME is an honor and significant achievement for an office. It signifies to the public that the office is performing at a high level of competence and public service. Accreditation is a two-way street. It is a check on the office to assure the public and government that an office is functioning properly. It is also a check on the government that the office is being properly supported.

Why is NAME accreditation important? The Connecticut OCME became accredited by NAME in 2007. The purpose of NAME accreditation standards is to improve the quality of the medicolegal investigation of death. Accreditation applies to offices and systems, not individual practitioners. The standards emphasize policies and procedures. The standards represent minimum standards for an adequate medicolegal system, not guidelines. NAME accreditation is an endorsement indicating that the office provides an adequate environment for a medical examiner to practice and provides reasonable assurances that the office well serves its jurisdiction. It is the objective of NAME that the application of these standards will aid materially in developing and maintaining a high caliber of medicolegal investigation of death for the communities and jurisdictions in which they operate.

In 2009, recognizing that significant improvements are needed in forensic science, Congress directed the National Academy of Sciences to undertake a study that led to a report entitled: Strengthening Forensic Science in the United States: A Path Forward (see appendix below for more detail).
The report recommends that jurisdictions should establish medical examiner systems to replace and eventually eliminate existing coroner systems. They also state that all medical examiner offices should be accredited. The report states:

*Currently, the standard for quality in death investigation for medical examiner offices is accreditation by NAME. Accreditation attests that an office has a functional governing code, adequate staff, equipment, training, and a suitable physical facility and produces a forensically documented accurate, credible death investigation product.*

We appreciate the challenges faced by the executive and legislative branches in allocating funds to State agencies and suspect that few agencies are requesting a cut to their budget. The government has a duty to verify agency needs. NAME provides an additional independent level of professional verification of the core needs of the OCME. Legislative action to preserve the accreditation of the OCME may consider the following language:

The Connecticut OCME is required to obtain and maintain full accreditation by the National Association of Medical Examiners (NAME) and operate pursuant to NAME guidelines. The specific accreditation areas include investigative support, mortuary operations, histology, toxicology, reports and record keeping, personnel and staffing, other support services, and related facility issues. In particular, staffing levels must be commensurate with the number of death investigations to be in compliance with NAME criteria. In order to be fully accredited, the OCME must receive sufficient appropriations to correct cited NAME deficiencies and prevent future deficiencies.

If the legislature agrees that the OCME provides an essential core service that should meet national professional standards, then the best way to ensure and protect this medical public service, is to codify into the Connecticut Statues the requirement for the OCME to be fully accredited by NAME. There is Federal interest to establish national medicolegal death investigation standards. Coroner offices are the main target of these actions. Connecticut can be a national leader in this area by creating medical examiner legislation on accreditation that may be a model for the rest of the country.
Appendix:

**Strengthening Forensic Science in the United States: A Path Forward.**

In 2009, recognizing that significant improvements are needed in forensic science, Congress directed the National Academy of Sciences to undertake a study that led to a report entitled: **Strengthening Forensic Science in the United States: A Path Forward.** It was funded by the National Institutes of Justice and the National Academy of Sciences. They noted that change and advancements, both systemic and scientific, are needed in a number of forensic science disciplines—to ensure the reliability of the disciplines, establish enforceable standards, and promote best practices and their consistent application. Their aim was to chart an agenda for progress in the forensic science community and its scientific disciplines. This report also addressed the medicolegal investigation of death. The report notes the important role of medical examiners and states:

*Medical examiners/coroners serve dual purposes. First, they serve the criminal justice system as medical detectives by identifying and documenting pathologic findings in suspicious or violent deaths and testifying in courts as expert medical witnesses. Second, as public health officers, they surveil for index cases of infection or toxicity that may herald biological or chemical terrorism, identify diseases with epidemic potential, and document injury trends.*

The report discusses the differences in medical examiner and coroner systems:

*Jurisdictions vary in terms of the required qualifications, skills, and activities for death investigators. Coroners are constitutional officers, with 82 percent being elected and 18 percent appointed. Coroners as elected officials fulfill requirements for residency, minimum age, and any other qualifications required by statute. They may or may not be physicians, may or may not have medical training, and may or may not perform autopsies.*

*In contrast, medical examiners are almost always physicians, are appointed, and are often pathologists or forensic pathologists. They bring the body of knowledge of medicine to bear when assessing the history and physical findings and when deciding on the appropriate laboratory studies needed to determine the cause and manner of death.*

With regard to the various death investigation systems in the United States, they state:

*It is clear that death investigations in the United States rely on a patchwork of coroners and medical examiners and that these vary greatly in the budgets, staff, equipment, and training available to them, and in the quality of services they provide. No matter what the level of quality of other forensic science disciplines that are supported by a particular jurisdiction may be, if the death investigation does not include competent death investigation and forensic pathology services, both civil and criminal cases may be compromised.*
The report discusses impediments in developing systems that meet accreditation requirements, which include:

• *Most coroner systems [n.b., over half of the jurisdictions in the country are covered by coroners] cannot qualify for accreditation because of problems related to size, insufficient staff and equipment, and insufficiently trained personnel, which inhibit their ability to perform a competent physical examination, make and/or exclude medical diagnoses on dead bodies, and make determinations of the cause and manner of death. The historic role of the coroner is insufficient to accurately perform the medicolegal and public health functions related to sudden, unexpected, or violent death.*
• *Many medical examiner systems are constrained by budget, lack of staff, lack of equipment, and insufficient facilities and cannot meet NAME standards.*
• *The accreditation process requires considerable staff work, including written policies and procedures.*