What Every CLNC® Consultant Must Know About Autopsy Reports

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CONTENTS

I. What’s Inside an Autopsy ........................................................................................................... 1
II. How to Fully Exploit Autopsy Cases ................................................................................... 1
III. Common Types of Death Cases .......................................................................................... 2
IV. Common Plaintiff Allegations ............................................................................................. 3
V. Common Defenses .................................................................................................................. 3
VI. The Role of the Certified Legal Nurse Consultant™ in Autopsy Reports ....................... 4
VII. Interrogatories and Requests for Production ..................................................................... 4
VIII. Using Autopsy Review Skills to Gain Clients ..................................................................... 5
IX. Autopsy Case Studies .......................................................................................................... 6
X. Autopsy-Related Checklists, Forms and Sample Reports ..................................................... 6
XI. Resources ............................................................................................................................. 7
I. WHAT’S INSIDE AN AUTOPSY

A. What Was Done
   1. Complete and partial autopsies.
   2. Gross and microscopic examinations.
   3. Special studies.

B. What Was Found
   2. Microscopic examination.
   3. Results of toxicology and other special tests.

C. What Conclusions and Opinions Were Expressed
   1. Pre-existing disease.
   2. Significant pathology or mechanisms of injury.
   3. Cause and manner of death.

II. HOW TO FULLY EXPLOIT AUTOPSY CASES

A. Understand the Goals of Autopsy and the Prosecutor’s Perspective
   1. Hospital autopsy.
   2. Forensic or medicolegal autopsy.
   3. Private autopsy.
B. Become Familiar with General Autopsy Formats
   1. Hospital autopsy.
   2. Forensic or medicolegal autopsy.
   3. Private autopsy provider protocols.

C. Develop Awareness of Limitations and Reasonable Expectations
   3. Timing – figure out when it all happened.

III. COMMON TYPES OF DEATH CASES

A. Hospital Autopsy: Meningococcal Meningitis
   1. Requests, authorization, conduct and disposition of remains.
   2. Observation and documentation versus evidence collection.
   3. Postmortem cultures.

B. Forensic Autopsy: “Russian Roulette”
   1. Determination of cause and manner of death.
   2. Requests, authorization, conduct and disposition of remains.
   3. Evidence in injuries due to firearms.

C. Exhumation Autopsy: Pulmonary Thromboembolism
   1. Deep venous thrombosis (DVT) and pulmonary embolism (PE).
   2. Pathologic anatomy; embalming and other postmortem artifacts.
   3. Requests, authorization, conduct and disposition of remains.
IV. COMMON PLAINTIFF ALLEGATIONS

A. Negligent Failure to Diagnose or Treat Meningitis
   1. Death was due to meningitis.
   2. Reasonable physician would have made proper diagnosis and treated.
   3. Causation versus standard of care.

B. “Russian Roulette” Caused Death of Victim
   1. Contact or near contact gunshot wound (GSW).
   2. Defendant fired or should have prevented victim from firing weapon.
   3. Circumstances and scene investigation.

C. Negligent Failure to Diagnose and Treat DVT and PE
   1. Death was due to PE.
   2. PE was due to DVT.
   3. Defendant’s failure to diagnose and treat DVT/PE was negligent.

V. COMMON DEFENSES

A. Meningitis
   1. Death was not due to meningitis.
   2. Failure to diagnose meningitis was not negligent.
   3. To culture or not to culture.

B. “Russian Roulette”
   1. Victim committed suicide.
   2. Victim shot self while playing “Russian roulette.”
   3. Homicide versus accident versus suicide versus undetermined.
C. DVT and PE
   1. Death was not due to PE.
   2. Lethal PE was not due to negligence by the defendant.
   3. Failure to diagnose DVT/PE was not negligent.

VI. THE ROLE OF THE CERTIFIED LEGAL NURSE CONSULTANT\textsuperscript{CM} IN AUTOPSY REPORTS

A. Identify and Catalog Important Case Issues
   1. Acute and pre-existing disease.
   3. Chain of causation; intervening or superceding cause.

B. Break Autopsy Down to Extract Useful Information
   1. Procedures.
   2. Findings.
   3. Conclusions.

C. Categorize and Summarize Issue-Related Information from Autopsy
   1. Meningitis – brain; spinal cord; cultures of blood and CSF.
   2. “Russian roulette” – GSW features; gunshot residues (GSR); bloodstains.
   3. DVT/PE – expected findings; competing causes of death.

VII. INTERROGATORIES AND REQUESTS FOR PRODUCTION

A. Autopsy Reports
   1. Preliminary and final reports.
   2. Diagrams and working notes.
3. Individuals present.

B. Autopsy Materials
1. Autopsy photographs.
2. Tissue blocks and microscopic slides.
3. Wet tissue and body fluid samples.

C. Autopsy-Related Documents and Materials
1. Death certificate.
2. Toxicology analyses and reports of consultants.

VIII. USING AUTOPSY REVIEW SKILLS TO GAIN CLIENTS

A. Consolidate Skills
1. Know what you know.
2. Know what you don’t know.
3. Know what you want to know.

B. Find and Use Help
1. Physicians.
2. Pathologists.
3. Forensic pathologists.

C. Identify and Use Subcontractors
1. Where to get what you want to know.
   a. Hospital pathologists.
   b. Forensic pathologists.
D. Develop a Plan

1. Materials transfer, review, analysis and reporting.
2. Compensation and subcontracting agreements.
3. Consultant testimony and other attorney contact: Whose client is it?
4. Getting the word out about your skills.

IX. AUTOPSY CASE STUDIES

A. Meningitis

1. Issues.
2. Findings.
3. Conclusions and recommendations.

B. “Russian Roulette”

1. Issues.
2. Findings.
3. Conclusions and recommendations.

C. Pulmonary Thromboembolism

1. Issues.
2. Findings.
3. Conclusions and recommendations.

X. AUTOPSY-RELATED CHECKLISTS, FORMS AND SAMPLE REPORTS

A. Checklists

1. Autopsy and other postmortem procedures.
2. Autopsy findings.
3. Autopsy-associated documents.

**B. Forms**

1. Autopsy worksheet.
2. Issues and chronology.
3. Death certificate.

**C. Sample Reports**

1. Hospital autopsy.
2. Forensic (medicolegal) autopsy.

**XI. RESOURCES**

**A. Associations and Organizations**

1. College of American Pathologists (CAP) autopsy guidelines cap.org
2. National Association of Medical Examiners (NAME) standards thename.org

**B. Authoritative Textbooks**

C. Journals

1. *The American Journal of Forensic Medicine and Pathology*
   amjforensicmedicine.com

2. *Forensic Science International.*