Just Misperceptions about the MDI Community

Introduction [00:00:05] Now this is recording. RTI International Center for Forensic Science Presents Just Science.

Voiceover [00:00:18] Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In this special release episode, Just Science, sat down with Dr. Michelle Aurelius, the chief medical examiner for North Carolina, and Alfarena McGinty, the chief deputy coroner for Marion County in Indianapolis, to discuss misperceptions regarding the nature of medicolegal death investigation among the public, criminal justice professionals and policymakers. Over the past few years. RTI International, the Association of State and Territorial Health Officials, and the Centers for Disease Control and Prevention have been working on understanding the main stressors which impact medical legal death investigation. One of the top stressors burdening the community was a lack of understanding from political stakeholders and community leaders. Listen as long as Dr. Aurelius and Coroner McGinty discuss their firsthand experiences, funding gaps, and efforts to tackle this complex topic. This episode is funded by the Association of State and Territorial Health Officials in collaboration with the Centers for Disease Control and Prevention. Some content in this podcast may be considered sensitive and may evoke emotional responses or may not be appropriate for younger audiences. Here is your host, Kelly Keyes.

Kelly Keyes [00:01:32] Welcome to Just Science. I'm your host Kelly Keyes, a research forensic scientist at RTI International's Center for Forensic Sciences and a retired death investigator. We have an important discussion today based on a unique professional stressor of the medicolegal death investigation workforce. That's the lack of understanding about the nature of MDI work among the public, criminal/legal stakeholders and policymakers. To help us with this conversation, we have two guests on the podcast today. I'm joined by Dr. Michelle Aurelius, Chief Medical Examiner for the state of North Carolina. She provides support in that role to eight autopsy centers throughout the state and has about 362 medical examiners. She was formerly the chief medical examiner in North Carolina. And Chief Deputy Coroner Alfarena McGinty, who goes by Alfie, is currently the Chief Deputy Coroner at Marion County Coroner's Office in Indianapolis, Indiana. She is an Indiana certified medicolegal death investigator and has worked at the Marion County Coroner's Office for 25 years. She is the first African American female appointed as Chief Deputy Coroner in Marion County and has served in that capacity for 16 years. Welcome to both of you.

Dr. Michelle Aurelius [00:02:35] Well, thank you for having us.

Alfarena McGinty [00:02:37] Thank you.

Kelly Keyes [00:02:37] Back in 2020, Dr. Jene Rineer and others at RTI recognize that little had been done to study stress in the medicolegal death investigation field. So in 2021, they fielded a survey funded by NIJ or National Institute of Justice Grant that studied work related stress among all the various medicolegal death investigation professionals. Almost 1,300 people took that survey for more than 350 jurisdictions in 49 states and Puerto Rico. In addition to dealing with family members of decedents, staffing shortages, and fatigue a top stressor that was reported by over half the respondents was the lack of understanding from political stakeholders and community leaders. On one open ended question a respondent indicated that, quote, Society and political leaders don't seem to put much

thought into this occupation. The field doesn't have the amount of advocacy from leaders to secure the items needed to have a long career, end quote, to begin to address stress in medicolegal death investigation. One of the project ECHO: OD-FIT sessions, which stands for Overdose Fatality Investigation Techniques, was dedicated specifically to the topic of stress in the community. These are free interactive training sessions for MDI professionals put on by ASTHO in collaboration with CDC. And again, it was heard over and over that public and stakeholders really don't understand the job, and that leads to unrealistic expectations. And then the people doing the work felt as if they didn't have to deal with these unrealistic expectations their job would be less stressful. So today, we hope to share some stories about some of these misconceptions. While I didn't write the response that I had just mentioned from the survey, I certainly feel like I could have from my 25-year career and heard similar thoughts from many others. So today we've collected some stories from others in the field that we will share to highlight some of these misconceptions and some perspectives. And I look forward to discussing these with you to get your insight and maybe hear a few more stories from you guys about MDI in detail. So, Dr. Aurelius, let's start with you. What is your impression of this issue and the more common misconceptions about the work that you and those in your office do?

Dr. Michelle Aurelius [00:04:43] Well, it's a real issue and a real concern. One of the many problems that we have is our patient population. They can't speak for themselves and they can't vote. So they're not here making an impression with politicians or with policymakers. Or with legislators. That has to be us. So it's really challenging to try to be vocal about what we do and communicate what we do and dispel the misconceptions. But it's important to do so because those are the ones who are making the decisions for us on our budget and the incredible hard work that's being done. I think perhaps one of the reasons is that death is a very challenging topic for people, and people don't know about death until it happens to them or potentially one of their loved ones. And during that time period, people are such stages of grief and oftentimes the worst moments in their life. And then having to understand the medical examiner's system, or how their loved one is being taken care of, is an additional challenge. So I think it brings a lot of stress, especially when I'm working with legislators or leaders and they have no idea. They think that every single death falls in the medical examiner system. That's not true. They also think that there's only one person that you take care of every week and that all the testing and all the results and all the exam can be done in 20 minutes. That's not true. They also think that it's just me alone in a room with a decedent, or at the scene, or interviewing criminals, or providing death investigation, doing the autopsy examination, doing the forensic odontology, doing all of the radiology myself. And it's not true. There's an entire team of people who are working to take care of a loved one and try to find answers for cause and manner of death. But it's important to share our messaging to make sure that our services that we provide for our patients have a voice so that we can be funded and we can continue to provide the professional level of service that our patients deserve.

Kelly Keyes [00:07:01] Chief Deputy McGinty, what's your impression of this issue and the more common misconceptions about the work that you and those in your office and those that you interact with in the field do?

Alfarena McGinty [00:07:11] As a death investigator, primarily. We get a lot of we're just there to pick it up a body. A lot of times the policymakers don't understand that it's more than just that. So what I've spent a lot of time doing over the past 15 to 20 years is providing education just to meet with people, to help them understand exactly what it is that we do and what goes into it. So they understand. Number one, it's time consuming. And why we ask for the funding that we ask for is because of the time that goes into these

death investigations. And we've even invited our local policymakers to come and visit the office or to go to a death scene investigation with us. And no takers. Right. So it's more about, for me, just providing that additional education and inviting them to actually see what we do when they need to understand the time that goes in. The conversations and information that we have to collect in order to have an adequate death investigation. And then to have that information passed along to our pathologist to determine a cause and manner of death.

Kelly Keyes [00:08:20] I'd like to talk a little bit more about the aspects of the work that are the most misunderstood. And as I mentioned before, to help do this, I reached out to the community for any stories that they may wish to share about the misperceptions about their work. A really common one I heard back was about the CSI effect, where people watch TV or see a story on the news and develop unrealistic expectations. One investigator from a coroner's office shared the story that one day a family member of a decedent called saying they wanted a toxicology testing to be done on a case. But the forensic pathologist had found a definitive cause of death and hadn't requested any toxicology to be done. And that investigator said that they had a really difficult time getting the family member to understand why it wouldn't be done on that case. Is it something you have seen, Dr. Aurelius?

Dr. Michelle Aurelius [00:09:06] Absolutely, because TV and books have shown us that you have one big machine and you take one sample of a person or blood. You put it in a machine, and 20 minutes later you have 100% of the answers. 100% of the time. But that is not what death investigation and forensic pathology is. It is taking a unique number of experts. It is taking pieces of information that often come in at different times. It is going through mounds of medical records. It is doing an invasive autopsy examination if needed. It is talking with family members and it's ultimately bringing all of that information together to help determine cause and manner of death and find out how and why people die.

Kelly Keyes [00:09:57] Chief Deputy McGinty, have you had similar experiences?

Alfarena McGinty [00:10:01] Oh, yes. Oftentimes, I explain a death investigation for families to understand as a puzzle. You put the various pieces together based on the information that you have and the pieces that you have before. What we typically do is when we talk to the families, help them understand that we may not be able to test for every single thing in a toxicology screen. For example, we will have family say we know that they were poisoned by the ex-wife, but with what? Right. We have to be able to pick up something in that tox screen. So they feel like there's this gamut of a machine that we can just put the decedent into and then magically we have an answer or the cause and manner of death. Whereas we break it down to one piece of the puzzle may fit, whereas another piece of the puzzle may not fit with where we are in the scope of the death investigation. So looking at all the parts and pieces and putting those things together to help understand what and how can we use that information to determine the cause and manner of death. And unfortunately, what people see on TV is very confusing. Helping families understand the information that they provide to us is immensely helpful. Asking questions and being able to answer those questions and get that information is really what we struggle with a lot with the families.

Kelly Keyes [00:11:21] I know personally the thing that first got me interested in the profession was the TV show Quincy way back in the day. And so I did certainly go into the field myself with some some misconceptions. Doctor Aurelius, when you got into the profession, what was one thing that surprised you?

Dr. Michelle Aurelius [00:11:36] There are a lot of things that surprised me. One was that taking a call was a lot easier than doing it in the hospital and taking care of live patients. Being able to take call and having a better work life balance as a forensic pathologist and a doctor was actually kind of wonderful. And I think the other thing that really surprised me was how amazing it is and what an honor it is to be able to tell the stories about how and why people die. And that it is an opportunity to serve. And that's what I see in all the people around me. We're here because we're here to give a voice to these patients, to these victims, to these people who have answers for us. Because if we don't really know how and why people are dying, we can't keep people safe and we can't keep them healthy. So the critical work that is being done on the front lines and with everybody else who's involved with this are critical. So why aren't we being funded?

Kelly Keyes [00:12:44] Think of the television shows also do make it seem like it's incredibly well funded. One of the stories somebody shared with that, they recently had a family who showed up at the office to identify a decedent, because that's what they thought happened based on what they had seen on television. In that case, the decedent was involved in a traffic accident and had been identified by the fingerprints, as well as a driver's license found in his wallet. The family ended up making the trip to the office for what turned out to be no reason. And the investigator was just saying how bad they felt for the family having to come all the way to the office for nothing. And they weren't even the legal next of kin, so they couldn't even release property to them. And the story certainly reminds me of some of the negative consequences of the misperceptions and how they can negatively impact the families. Chief Deputy McGinty I'm curious about your thoughts on this or if you have any experiences with the consequences of misperceptions by the public.

Alfarena McGinty [00:13:39] Even from my own beginnings, I thought that the coroner's office could determine the cause and manner of death for any kind of case in any situation. Right. So that is one of the misperceptions that people have, is that we can determine the answers for anything, any cause of death. Right. So one of the my passions is actually working with the families to help them understand what we can do and what we cannot do. And in Indiana, more specifically, we're very specific on how we determine identity of a decedent. One of the things that you see on TV is that you can go to a window and you can pull the decedent out and a family member can view them, or you can go into the room, and they can touch them. And unfortunately, that's not the case in new offices now. And so this situation reminds me of all of the calls that we get that they need to come to the office and view their loved one, even when they're not the next of kin, and helping them understand that, number one, the next of kin has to do that. And number two, that we do have other things in place that we utilize for determining the identity of a decedent. With some of the unintended consequences. We will have all the answers in every situation to determine the cause and manner of their loved one's death, especially in those more difficult and challenging cases where nothing matches up to determine an exact cause and manner of death. And I know this happens a lot because in at least 7% of our cases, the cause of death is undetermined and the manner of death is undetermined.

Kelly Keyes [00:15:13] And Dr. Aurelius, do you have a particular story that comes to mind about where these misperceptions by the public really had a negative impact on a family?

Dr. Michelle Aurelius [00:15:22] Absolutely. Unfortunately, there are far too many examples of this. But I do recall one in particular, a family member called and wanted to

know when I was going to arrest the ex-wife for killing this gentleman. And it was to the point where there was a lot of frustration, a lot of yelling, a lot of threats, not understanding that I don't arrest anyone. Yes, we made the determination for the manner of death of homicide on this case. But the next steps are taken by district attorneys and law enforcement for working to obtain and apprehend a suspect. But the level of stress, and strain, and pain within this loved one who ultimately ended up hanging up and never calling back. Always makes me really worry that they're feeling that the system has failed them or that we've failed them when we don't have the ultimate authority to do everything. As Alfie mentioned, we don't have jurisdiction over every single death, nor do I want the capacity to arrest people or convict people or say that they're guilty or innocent. I'm just your forensic pathologist and your medical examiner helping to determine cause and manner of death.

Kelly Keyes [00:16:50] You know, it's amazing how much head nodding I'm finding myself doing as the two of you are both speaking. I'm going to share a story that an investigator from the Northwest shared with me. It shows it's not just misperceptions by the public, though, that we have to deal with. To our listeners, this is a real story and it's a great reminder of the actual work that happens in medicolegal death investigation. But I'm going to warn you, it's also a sad and pretty tragic story. So this investigator shared with me that years back, they responded to a motor vehicle collision where a mother was pushing her toddler in a stroller when the stroller was crushed by a large semi type truck in a crosswalk. When the investigator arrived, the child was still on scene covered by a sheet. Police and fire responders were huddled together at various locations, some distance from the body. They appeared, she said, shaken and tearful. The investigator felt bad for even asking them to help set up a visual block so that the investigator could take photographs of the child as found. And then the investigator wrapped the child up in a blanket and carried the child to the vehicle. The little boy was the same age as the son the investigator had left at home to come to the scene. The investigator says they drove the little boy to the funeral home and made arrangements for the autopsy. The following day, the investigator attended the autopsy. The investigator says that every day since the autopsy, they have wanted to call that mama and tell her that they took good care of that little boy. Sometime after the case the investigator learned that the fire department had sponsored some sort of a critical debrief and counseling for all of the first responders at the scene. And it always struck the investigator that they were, to the fire department, somewhat invisible. The investigator thinks that it says something that so much concern was aimed at the police and fire while the MDI was overlooked. So, Chief McGinty, I'm sadly certain that you've probably handled similar cases and just wondered if you had any thoughts about this and the negative consequences of misperceptions by someone other than family on you, your staff, or colleagues.

Alfarena McGinty [00:18:50] Oh, yeah. That that hits very close to a similar case that we had. And what people don't understand is that it's our job to comfort and care for those families, as well as the decedents that we take into our care. And it's a situation where we do get overlooked for the work that we do, especially the volume of work that we have in the more recent years, when we've seen a significant number of death investigations increase. For whatever reason that we're seeing so many more cases, the toll that is taking on our investigators has been something where I have personally intervened. to try to make sure that the fire department doesn't have to have a debriefing we have our own. Where I reach out to our investigators and check on them and check in to make sure that they're okay. To make sure that they have an hour of downtime, have the opportunity to meditate, or to do yoga, or to just sit and listen to music because you can get in this cycle

of being stuck. And I've talked to too many investigators who are just unable to handle any more of it. They were just done.

Kelly Keyes [00:20:00] Another story a death investigator shared with me was about a recent case where law enforcement on the scene really just thought they were there to transport the deceased. And this was a 57-year-old male found dead in his bedroom. And law enforcement really didn't understand that there was a lot more for the investigator to do than just transport the decedent. The investigator says they were doing an investigation and had to kind of fight law enforcement on it and then subsequently doing so, found bottles of pills in the trash can, in the bathroom, and in the decedent's backpack. And that totally changed the course of the investigation. So Dr. Aurelius from a forensic pathologist perspective, do you have any stories about the consequences of any of these MDI misperceptions?

Dr. Michelle Aurelius [00:20:43] Absolutely. I seem to say absolutely, quite a bit, because I think that is the theme here, is that people don't understand what we do and it does have repercussions. I remember a particular case or an individual who had a history of a substance use disorder and chronic alcohol use, who was found dead in their apartment. And law enforcement went in and said, okay, it's a dead person. We're going to move him out and set him out here so the medical examiner can come in and pick them up. Okay. We have just lost the ability to answer some questions. What was really interesting is that the roommate ultimately, when we did not have a clear cause and manner of death. Although we did have a high level of alcohol at about 0.48. That he was found slumped over in a position almost like a turtle with his neck flexed, or his chin to his chest, in such an acute angle, with the floor resting on the back of his neck. That the roommate couldn't even see his head because he was at such a strange and acute angle. And voila, we had a cause of death. This was an asphyxiated death based on his body position, with his acute alcohol intoxication contributing to his death. Without that information and with law enforcement moving the body before getting permission from the medical examiner system, we could have lost the ability to accurately determine cause and manner of death for that gentleman.

Kelly Keyes [00:22:24] Wow. Thank goodness that you're able to get in contact with the roommate. And the roommate was so forthcoming. A forensic autopsy technician shared a story with me that various people have asked a lot about the autopsy process. The autopsy technician says there is an assumption that every decedent receives an autopsy. A very close friend of theirs, unfortunately, lost her mother recently to cancer. She was on hospice care and was under the care of a physician for months before her death. At the time of her mother's death. She was too distraught to think about asking detailed questions about the process and was relieved and found comfort in hearing that her mom would not have received an autopsy due to the facts and circumstances surrounding the death. This is something this person wouldn't have expected their friends know, or anyone that doesn't have experience or interests in the field. And they enjoyed it, providing answers and demystifying the process. Chief McGinty, I'm curious about some of the reactions that you've gotten to your job from your friends and your family.

Alfarena McGinty [00:23:22] Obviously, they know what I do after 25 years. They don't like to see me coming because they're like, What are you here for? Are you going to give me some bad news? And then the other thing is I educate them. So education on what is it, autopsy, what is an external exam, what tests are done on some of these cases? And we cannot autopsy every single decedent that dies in Marion County. There are over 10,000 deaths in Marion County alone, and we at least review 4,000 of them, with being

able to only autopsy those forensic death investigations. So one of the other things that I like to do with my staff is just to have quarterly meetings where we discuss the what if questions, right? So where when people, their friends even ask, what if you have this type of case, or how do you handle this type of case? So that they're comfortable with answering those questions.

Kelly Keyes [00:24:18] Dr. Ellis Another population that I know we always dealt with a lot was hospitals and nursing staffs and other physicians. I'm curious about some misperceptions that you may have encountered from other physicians.

Dr. Michelle Aurelius [00:24:31] I think even from other physicians, which is tough because I do self-identify as a physician. The thought that those of us who go into pathology, or forensic pathology, do it because we don't like people, because we don't want to talk to people, because we are super pale and live and work in a basement with no windows. And that we are weird, but I think that's the misperception that I don't want to talk to a family or another clinical provider because I went into forensic pathology is completely wrong. So usually they're startled when I'm willing, like Alfie, to do outreach or have conversations, or speak with a family, or give presentations, or make that kind of contact. And these are the people I went to medical school with and trained with. So if we're having physicians and nurse colleagues with these kinds of misconceptions, clearly that's also perpetuated in the public.

Kelly Keyes [00:25:43] I'd like to finish up with some examples of when a good understanding of what we do really facilitates the job's impact. And I'll share a story from my career on this to get us started. I remember I was working a night shift and it was just me and another investigator on that night. We always had someone in the building and that night I was that in the building person and the other person was on a call from an on-scene death. So the investigator planned to finish up and go out to the family's home as soon as he cleared the scene to notify them of the death, which is obviously an important part of the job that many of us do. As he was waiting on transport, I took a call across the county of what was reported as a homicide. It was a higher profile homicide because the decedent was reportedly shot while breaking into the home and the people in the home had shot him. That other investigator was 40 minutes drive away and still had to go make notification to the other decedent's family. And I had to stay in the office to receive the remains. So I told the officer that was reporting the homicide that there was going to be a delay and a lieutenant out there got on the phone, told me to get somebody out there now because it was high profile and he didn't understand that we needed to go make that notification around the corner from where the other death occurred. I stood my ground that night and I called the homicide sergeant, someone that I'd worked with for years and who really understood what we did. I explained the situation to him and he told me, don't worry about it, and that he'd make sure that the brass out there on scene understood what was going on. And he did that for me. I didn't hear anything more. The investigator finally got out to the scene. They were nothing but kind to him. And then fast forward to the next night, my next shift. And my chief called me and my initial reaction was, Uh Oh, but truly, it actually ended up being just the opposite. She was calling to ask me what happened because whatever it was had led to us getting approval to fill that vacant spot the next day. The sergeant understood what we did so well and was not only able to make a compelling case for why they needed to be patient for our arrival but made that argument to the people with influence. So, Dr. Aurelius, I'm wondering if there's a time that you recall of a positive outcome from a good understanding of what you and your colleagues do?

Dr. Michelle Aurelius [00:27:48] I just want to talk about one specific case that I had. I had a 36-year-old father of four who had been out running the track early morning hours and was found dead on the track. The wife was extremely upset that an autopsy examination was going to be performed. She seemed to be inherently offended of the thought that there would be an invasive nature to this level of the examination. And I told the the wife and explained to her what we were doing and why we were doing it. And I committed to calling her after the examination. She was very upset, very frustrated, telling me that I should not do this. I called her a few hours later to tell her about her husband, the person that she had loved and met when she was around 14. And had been a partner with since and had four children with. I let her know that I had a story that her husband needed to share with her and their children. I'm getting teared up because it still means something to me. Every patient means something to me. I said, he needs to tell you that your sons are at risk for heart disease. He died of an acute myocardial infarction with a fresh thrombus. So he had a heart attack and he had accelerated heart disease. I said, any biological parents or siblings? And importantly, your four boys need to know this information so they can tell their physicians, so they can mitigate risk factors and your boys can live longer lives. So I said we did this exam and he had a story that your boys needed to know, so would take care of them. And that's why I'm here.

Kelly Keyes [00:29:47] That's. Wow, what a story. So what about you, Chief Deputy McGinty? Do you have any thoughts on when a good understanding of MDI work really facilitates the jobs impact?

Alfarena McGinty [00:29:58] We have a lot of different cultures in our community. That we're trying to understand what our religious practices they all are involved in and what we can do to make that process of this untimely death an easier process for them. And so recently we had a case where it was a motor vehicle fatality and the family was Buddhist. And the father of the decedent said that he absolutely needed to come to the office to pray over his son in order for his son's soul to go to heaven. So we were trying to figure out how is this going to happen? Because we don't ever let anyone come into our office to view, or to pray, or to do anything over a decedent because we don't have that kind of capacity. And so I reached out to one of the Muslim chaplains that we work with quite frequently, especially because we have a lot of Muslims in our community that help me understand a little bit better about this practice and this process. So the Muslim chaplain said first and foremost that the legal requirements supersede the religious requirements. And he said, Alfie, I appreciate everything that you are doing to try to make this happen, but don't worry if it can't happen. And so he reached out to the the Buddhist monk and the Buddhist monk explained everything to the father of the decedent. So finally, at the end of the day, the Muslim chaplain, as well as the Buddhist monk, were able to calm the father down. But their understanding of what we do. It was really heartfelt for me because I was so worried and concerned about him being able to practice that procedure with his son.

Kelly Keyes [00:31:47] That's a great example where an understanding provided a lot of comfort. You both are an incredible testament to the work that you do and an incredible resource to your communities. And thank you again for sharing your stories with us and responding to the stories we've collected from the community. Do you have any last-minute parting thoughts before we we conclude today?

Dr. Michelle Aurelius [00:32:09] The one thing that I want people to get out of this is to recognize that medicolegal death investigators, forensic pathologists, autopsy technicians and all others. We are first responders. We are there at the scene. We are interacting with loved ones. We are taking care of our patients. We are there on the front lines when other

people are running from disasters, from explosions, from hurricanes. It is our team that is on the front lines as first responders providing that support for families and other individuals in the worst moments of their lives. With that type of first responder response comes a burden, and that's the burden to also take care of ourselves, our own mental health, and making sure that we have the best wellness and well-being so we can continue to serve our patient population and those left behind. And that's why I think that this program with ASTHO, in collaboration with the CDC that focuses on the stress and well-being and the medical legal death investigation field is incredibly critical because we are so used to taking care of others in the worst moments of their lives. And we now need to band together and take care of ourselves as a system.

Kelly Keyes [00:33:35] Thank you, Dr. Aurelius and Chief Deputy McGinty for joining Just Science today to discuss the lack of understanding about the nature of MDI work among the public, criminal, legal stakeholders and policymakers. I do thank you for that.

Dr. Michelle Aurelius [00:33:50] Thank you. Is great to be a part of this.

Alfarena McGinty [00:33:52] Thank you. It has been an absolute pleasure.

Kelly Keyes [00:33:54] I'd also like to thank you, the listener, for tuning in today. If you've enjoyed today's conversation, be sure to like and follow just science on your podcast platform of choice. I'm Kelly Keyes, and this has been another episode of Just Science.

Voiceover [00:34:10] Next week, Just Science begins its part two of his 2022 Case Study season. Opinions are points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of responding.