

# Catch 22 No More!

Twenty-two lessons learned as a chief medical examiner

Forward

Lesson 1: Always be ready to leave your job.

Lesson 2: Never underestimate the potential of a troubled office.

Lesson 3: Good death investigation is inexpensive (bad death investigation is costly).

Lesson 4: Demand good salaries.

Lesson 5: Make money for the office, not yourself.

Lesson 6: Ask for what you need and no more.

Lesson 7: Wield “The Big Stick” for the office.

Lesson 8: Think ahead. Think way ahead!

Lesson 9: Set a positive example.

Lesson 10: Go slow at first.

Lesson 11: Don’t blame the person—fix the system.

Lesson 12: Keep a low profile.

Lesson 13: If someone can do a job as well or better than you, ask him or her to do it.

Lesson 14: Hire investigators with varying backgrounds and skills and train them well.

Lesson 15: Invest your investigators with authority and power at the death scene.

Lesson 16: Have investigators do most of the external body examinations.

Lesson 17: Do not routinely send pathologists to scenes.

Lesson 18: Use computers and technology to save time and money.

Lesson 19: Digital photography is a boon to modern death investigation.

Lesson 20: Contract with outside forensic pathologists for coverage.

Lesson 21: Buy a dishwasher.

Lesson 22: You can never say “thank you” enough.

Acknowledgements

## Forward

Periodically, articles in the forensic pathology literature decry the horrible situation of many coroner and medical examiner systems in this country. In his editorial published in 1994, Dr. James Luke describes “disadvantaged” medical systems—medical examiner offices that are poorly funded or poorly supported by the local government.<sup>1</sup> He advises prospective applicants to the top job in these systems to be wary. “The little voice that whispers, ‘Convince them when you get there,’ does great disservice,” Dr. Luke writes. “Once the position has been accepted, leverage evaporates.”

Dr. Luke knows very well about what he writes. Many a chief medical examiner has been embarrassed publicly by a very public departure from the job. The media frequently decries the poor state of the office, and blame is readily transferred to the embattled chief. All too frequently, news accounts relate the woes of coroner and medical examiners in trouble throughout this country.

Perhaps the “mother of all” depressing medical examiner articles is one written by the late Dr. Irving Root, a pathologist who worked for the San Bernardino County Coroner in Southern California.<sup>2</sup> In his opening salvo, Dr. Root writes, “Forensic pathology in the coroner/medical examiner’s system occupies the most unenviable position in American history, American medicine, and American politics, ‘Quincy’ notwithstanding.” Dr. Root describes the forensic pathologist as someone on the horns of a dilemma--a dilemma not of his or her own making but one for which he or she has to accept blame. His description of forensic pathology as a “Catch 22” harkens back to the

novel and satire written by Joseph Heller, depicting the predicament brought about by serving in the military in wartime.<sup>3</sup> Dr. Root saw the forensic pathologist as similarly embattled.

Dr. Root's article has always interested me because I had the opportunity to train under him. While a pathology resident in the early 1980's at the Loma Linda University Medical Center in Southern California, I took an elective in forensic pathology at his office for two months. During that elective, I fell in love with forensic pathology. I found what I wanted to do for the rest of my career. When I told Dr. Root that I wanted to become a forensic pathologist, he immediately replied, "Don't go into forensic pathology!"

Taken aback, I asked, "Why not?"

His reply to me was direct. Forensic pathologists work for a government. Governments are run by politicians who sense that the public is not interested in dead people and high quality death investigation. Inevitably, these politicians cut the death investigation budget, figuring that there are other more worthwhile ways to spend public money. When the budget is cut, the forensic pathologist makes due with less by cutting corners and by trying to do more with fewer resources. Eventually in this environment, the forensic pathologist makes a mistake. This mistake is amplified by an unsympathetic news media. The forensic pathologist is publicly humiliated. After all, he or she is a doctor, and the doctor is never allowed to make a mistake. Politicians are allowed to compromise, according to Dr. Root, but a doctor is never allowed to compromise. The doctor is "morally, ethically and legally obligated to provide care at the highest possible

professional standard,”<sup>2</sup> but the governmental agency that employs the doctor insists that he or she work in a compromised situation.

Dr. Root presented a compelling argument for not becoming a forensic pathologist. After all, with all the opportunities made possible by a medical degree, why would anyone willingly put him or herself into this unenviable situation?

Recently, prior to entering private practice in forensic pathology, I completed 11 ½ successful years as a chief medical examiner. During my tenure in Kansas City, Missouri, I have learned that forensic pathology is not a Catch 22. It is just the opposite. As forensic pathologists, we have an opportunity to effect important change in a vitally important area of society. Excellent, highly professional death investigation is possible. Armed with some knowledge, one can turn around even the most disadvantaged of coroner and medical examiner systems.

How do I know this? Because *I did it!*

During those 11 ½ years, I took a highly flawed and “disadvantaged” medical examiner system and led the way to making it a tremendous success. In 1995, I accepted to head an office with one broken autopsy table and shared office space. In 2006, I left the office in a 10,000 square foot modern, state-of-the-art facility. In 1995, I accepted to head an office with a reputation for scandal and incompetence. By 2006, the office had been accredited twice by the National Association of Medical Examiners and had an accredited forensic pathology fellowship training program. During my time as a chief medical examiner, I learned important and vital lessons that, if put into practice, will lead to professional success, not only for the forensic pathologist but also for the system he or

she serves, no matter how troubled it is. With the proper approach, I believe success is *inevitable!*

This manuscript presents the 22 lessons I learned after 11 ½ years as a chief medical examiner. I present it with the hope that “disadvantaged” death investigation systems will become things of the past! I present it with the hope that we will train a generation of forensic pathologists to become effective leaders and managers.

## **Lesson 1: Always be ready to leave your job**

Dr. Root's advice had caused me to reconsider my decision. Was it really smart to enter a profession with so much seeming to go against it? Would I be doing well for my family and myself?

After consideration, I realized that I was capable of practicing any specialty in medicine I wanted. I was well-trained and competent. I saw no reason why I should compromise my integrity. I decided at that time that if I was asked to perform below standard or if I was asked to do something I knew was not right, I would quit my job and do something else in medicine for a living.

I did not realize it at the time, but I later found out that this is the key to success as a medical examiner: to always be ready to leave your job.

Why should this be? Well, it is simple. Forensic pathologists in the United States--and perhaps elsewhere--are currently and have always been in short supply. Very few people want to do forensic pathology full time as a career. There are only about 600 board certified forensic pathologists in the nation. Among those, I would imagine that those with leadership capabilities are even fewer. Because of this short supply of qualified individuals, the bargaining power of the qualified and capable forensic pathologist is tremendous.

The manpower shortage of forensic pathologists is the "trump card" for the savvy medical examiner. It is far more costly for an employer to replace a capable and honest forensic pathologist than it is to accede to his or her requirements.

Here is the typical scenario. Often, when an office loses a chief medical examiner because of scandal or for any other reason, the position typically remains open for a long period of time. Eventually, when the position is filled, the governmental entity sponsoring the office ends up paying the new chief far more than the old one—even up to twice the old salary in some cases! On the other hand, the pathologist who was let go will typically end up in a situation far better than the one he or she left, even when the reason for leaving was because of scandal.

Those of us who have been around for a while have seen this scenario play out throughout the country over and over again. I take great comfort in this. I realize that if I were to leave my job, I will likely be much better off for having done so! Leaving my job might even be a promotion!

Consequently, I am not afraid to leave my job. During my tenure in Jackson County, Missouri, I had offered to leave several times. One time, I even offered to leave on a local television newscast!

A few budget sessions ago, the County felt it was necessary to make an across-the-board budget cut affecting all departments. My office faced an \$80,000 budget cut. We would not be able to function optimally with this cut, because we only asked for the amount of money we needed to function optimally and no more (see Lesson 6). I remember sitting across the table from the finance director when I told her: “I hope one day to retire as a forensic pathologist with my reputation intact. If you cut the budget, I will not be able to operate at professional standard. I will be putting my career and the

well-being of my family at risk, and I am not willing to do that. If the budget is cut, I will leave!”

They did not cut my budget. It would have cost the county far more to lose me than they would save with the cut.

If one aspires to a career as a medical examiner, he or she must be willing to leave if the situation requires it. My family is fully aware of this. Although it is never pleasant to leave familiar surroundings and friends, my family realizes that leaving is always an option. We have done what we can to prepare for this financially. If I threaten to leave, I must be willing to follow up on my threat, and believe me, I am fully prepared to follow up on it!

Always being ready to leave your job is the key to maintaining integrity and professional competence in a politicized system.

What if you are currently in charge of a system that will not give you what you need to operate optimally? Several of us accept to work in jobs where those who supervise us tell us that “their hands are tied” and there is nothing that can be done to increase our salary or budget. How do you know when to stay and when to leave?

One thing is for certain. If you find yourself presiding over a dung heap, you have stayed too long!

When my wife and I were teaching our kids to drive, we took the time to teach them how to recognize when they were in the “bad part of town.” While driving, if they see broken-down sidewalks with weeds in the cracks, buildings in poor repair, metal bars on shop windows, pawn shops, adult entertainment bookstores and bars, and youth



dressed in typical urban attire hanging out on street corners, they should recognize that they are likely in a high crime area, and they should look for ways to leave as soon as possible!

I am reminded of the “East Point Lady”—an elderly southern woman I autopsied during my days in Atlanta. Although a “suburb” of Atlanta, East Point is a high crime area with many of the characteristics I mentioned above. Still, this little southern lady could never leave East Point. She grew up in her East Point house and could not see herself living anywhere else. Unfortunately, I had to autopsy her because she was murdered in that house during a robbery.

The East Point lady is an example of one who stayed too long. Too many medical examiners also find themselves as victims when they stay too long in politically corrupt and substandard jobs run by inept politicians. There is no need for this to happen if one is always ready to leave the job!

## **Lesson 2: Never underestimate the potential of a troubled office**

Many forensic pathologists have very definite opinions about the best systems for performing death investigations. Some say that all death investigative systems should be medical examiner systems. Some prefer to retain coroners. Some say that the medical examiner should never work directly for a police agency. Some say it doesn't matter. Some say that forensic pathologists should be independent contractors, while others believe they should be employed by the government.

Over the years, I have tired of discussions like these. For the most part, not one of us has it in our power to change state laws. Systems have evolved over time into what they are today, and the likelihood of developing the political clout to change them is not high.

After 11 ½ years as a chief, I found that it doesn't matter what type of system one works for. Success or failure is not determined by the system, the politics or the government.

Success or failure is determined by the guy or gal in charge: the chief.

How can one person determine success or failure? Very simply. If I take a chief position in any system, no matter how troubled the system, it will either become a roaring success or I will leave it. Either way, I will be successful, because I will do what I do on my terms.

Often we think that troubled offices want to remain troubled offices. Otherwise, why do some offices (I will not mention names) seem to chew up and spit out every chief that takes the job?

In reality, the governments behind these offices do not want them to remain troubled. That is because there are very strong incentives for them not to remain in trouble. In a free society, people demand justice and truth. People demand competence in dealing with the dead. When justice is thwarted, when the truth is undiscovered, when dead loved ones are treated incompetently or disrespectfully, there is an outrage once it is discovered. The media essentially gives voice to the people's outrage and eventually holds politicians to account for ineptitude. The questions to be answered by medical examiners—questions involving justice and truth—must be answered truthfully and competently. Incompetence is never tolerated, no matter how poorly funded the office.

The problem is that we, the professionals, are too willing to tolerate ineptitude. We are too willing to tolerate shoddy death investigation. We essentially aid and abet incompetence by being passive and tolerant, by failing to recognize the shoddy and take measures—even drastic measures—to correct the shoddiness. Politicians are more than willing to spend money in other places unless the medical examiner is willing to cry, “Enough!” *Unless the medical examiner is willing to leave!*

The office I directed provides an excellent example for why there is always hope for the troubled office. Back in the early 1990's, the appointed Jackson County Medical Examiner—the only pathologist in a busy office—wanted a \$10,000 increase to his annual salary of \$89,000. When the county government refused, he gave them four

weeks notice prior to accepting a more lucrative community hospital job in Eastern Kansas. The county was unable to find a replacement in four weeks who was willing to accept an annual salary of \$89,000, so the bodies accumulated in the morgue when the medical examiner left. The non-physician death investigators for the office released bodies that did not require further examination, but those that required autopsies—homicides, suspicious deaths, unidentified bodies, etc.—remained in the morgue. A crisis emerged. Numerous complaints were directed to the county. The Kansas City Star wrote a series of articles describing the state of the crisis and the county's inability to respond to it.

Jackson County Government finally persuaded the medical school pathology department in the same building as the medical examiner—Truman Medical Center in Kansas City, Missouri—to provide pathologists to perform autopsies. Two individuals were selected, and they performed autopsies day and night until the accumulating bodies were released.

One of these pathologists accepted a contract to serve as acting medical examiner. About nine months later, Jackson County revoked his contract because of fallout and negative press from incompetently performed autopsies and investigations. The other pathologist who performed the autopsies later left the Truman Medical Center Pathology Department on unpleasant terms and replaced the dismissed pathologist as the acting Jackson County Medical Examiner. He performed his medical examiner duties part time while also providing pathology services to rural hospitals around Kansas City. A few

years later, he had his medical license revoked for fabricating autopsy findings in several cases.

The Truman Medical Center Pathology Department performed a search for candidates for medical examiner because they were interested in obtaining a contract from Jackson County. On behalf of the county, this department interviewed candidates for two years but no one would accept the position.

Meanwhile, I was serving as an associate medical examiner in Atlanta, Georgia. My salary at that time was \$85,000 per year. The moonlighting work I relied upon to supplement my income had dried up, and I was considering what moonlighting work I could do to replace it.

It dawned on me at that time that I was doing a major disservice to myself and my family. As I looked at the educational and other expenses ahead for my children, I stopped to wonder why I—a board certified pathologist and a licensed medical doctor—was willing to put up with these circumstances. I informed my employer in Atlanta that I was going to interview for other jobs—primarily hospital pathology jobs—and that I was going to leave Atlanta. As much as I loved forensic pathology and working in a busy medical examiner office, the financial concerns made my first love fade.

My employer understood, stating that he had tried for years to remedy the salary situation, but the government refused to respond. He was sorry it had come to this.

Shortly thereafter, I received a notice of two job openings in Kansas City at the Jackson County Medical Examiner's office. The University of Missouri, Kansas City, Medical School Department of Pathology at Truman Medical Center was looking for a

chief and a deputy. I responded to this ad and made an appointment to visit Kansas City. Two weeks before my scheduled visit, the pathology department canceled the visit. The pathology department and Jackson County Government were in disagreement about the arrangement. About two weeks after the time of the cancelled visit, the pathology department contacted me again and I flew out to Kansas City.

The day of the interview was highly unusual. I was not allowed see the autopsy room and the office space used by the medical examiner because the acting Jackson County Medical Examiner was antagonistic toward the pathology department and refused to show me the office. The Truman Medical Center Pathology Department chairman told me later that day that the disagreement with Jackson County Government was never resolved.

By the time I interviewed with an officer from Jackson County Government, I was thoroughly puzzled by what I had seen. I expressed my confusion to this official and asked what was going on. According to him, the main part of the dispute was the arrangement desired by the pathology department. The county executive wanted the medical examiner to be a county employee rather than a member of the Truman Medical Center Pathology Department and under contract.

I told the county official that I would accept either arrangement. I gave him my conditions for accepting the job, including salary and relocation reimbursement proposals. If the county government met these conditions, I would take the job.

Eventually, the government met those conditions, and I began employment as a Jackson County employee in July 1995. My salary at that time was \$160,000 per year,

nearly double the salary for the Jackson County Medical Examiner from three years earlier! All of this happened because they tried to save \$10,000!

More than a decade later—after resolving the fallout from several scandals, updating the office equipment and staff, training and replacing pathologists and lay death investigators, asking for and receiving increases in the annual budget, obtaining national accreditations for the office as a death investigation system and a forensic pathology training program, and providing reliable and accurate death investigations for law enforcement and the community—I occupied a 10,000 square foot facility within the same hospital complex, utilizing state-of-the-art technology (see photographs). The office became successful beyond all expectations!

Never underestimate the potential of a troubled office!

### **Lesson 3: Good death investigation is inexpensive (bad death investigation is costly)**

Consider the following from the 2005 budget of the Office of the Jackson County Medical Examiner in Kansas City, Missouri.

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TABLE 1: Budget Data, Office of the Jackson County Medical Examiner, 2005

Population served: 1,022,194

Total County Budget: \$282,728,176

Medical Examiner Budget: \$1,648,657

Percentage of ME Budget to Total Budget: 0.6%

Cost per Citizen: \$1.61

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The information from budget data demonstrates how inexpensive it is to operate a medical examiner system. Our budget expenditures formed only 0.6% of all county expenditures! The cost per citizen per year of \$1.61 is miniscule!

Good death investigation is inexpensive. It is a high value item and well worth the funds expended.

On the other hand, none of us wants to accept the costs that come from poorly performed death investigation. People in the United States of America for the past several years have demonstrated that they are willing to pay any sum of money and go through any sacrifice in order to insure that the dead are recovered, examined and identified properly. The people of New York City expended much money and many



resources to identify the victims of the World Trade Center attack, and the government of the United States spared no expense on the morgue operation following Hurricane Katrina. Hundreds of years of jurisprudence have declared that a person is innocent until proven guilty. We believe sending the wrong person to prison is a moral outrage. How much is it then worth to make sure that such an event would never happen?

Dr. Root's comments in his article are on point in this regard.

“Of the multitude of problems facing forensic pathology, the overwhelming one still appears to be cost. How cheap? Costs cannot be ignored, but they must be viewed in the full context of the cost of the alternatives. How much of a bargain have we received from cheap forensic pathology services? Ask the taxpayers; ask the courts where credibility has been damaged; ask law enforcement officials whose credibility has been impaired; and ask the victims of the injustices, inadequacies, and ineptitudes of the system. Cost is relative. It must be weighed against the alternatives.”<sup>2</sup>

What about the county officials who come to you to explain that, in the light of hard economic times, they have to cut your budget? Perhaps they tell you they cannot allow a waiver on the hiring freeze or they cannot allow your office to be staffed adequately at this time. What do you do?

You listen carefully and see if you can reasonably go along with what they want. If you cannot, you tell them that you cannot and why. You tell them that the moral imperatives of your duties demand that the office is adequately funded. It would be better to send fewer funds to the public library or the charities they support than it would

be to allow one single injustice to occur on their watch. You have to look them in the eye and very diplomatically state, “Over my dead body!”

And if they do not like that, prepare to leave!

## Lesson 4: Demand good salaries

While listening to a talk radio program several years ago, I recall Professor Walter E. Williams, an economics professor from George Mason University in Virginia, utter something that I thought was simple but incredibly profound.

He said, “Money equals appreciation.”

Our use of money is the measure by which we show we appreciate something, according to Professor Williams. For example, people collectively pay incredible sums of money to watch professional athletes play, and these athletes are compensated extremely well for their talents. Why? Because the public appreciates them greatly. Their talent is rare, so the admiring public is willing to pay vast sums of money to watch these talented individuals play sports.

Economics involves the allocation of scarce resources.<sup>4</sup> In a free market, money changes hands, and the prices paid dictate how scarce resources are allocated. People who desire something badly enough are willing to pay more money for it. If the commodity is not appreciated, people will pay little for it.

This thinking has permeated society. Like it or not, “money = appreciation” accurately predicts human behavior. There are two corollaries, in my opinion, that follow:

High money, high appreciation

Low money, NO appreciation!

What does this have to do with medical examiner salaries? Everything!

A new chief medical examiner wants to be treated with respect. He or she wants his or her opinions to be carefully considered. The new chief wants the people in power to fund the office adequately.

Well, I have a news flash for all aspiring chief medical examiners. If the powerful pay you little, they will not listen to you. They will not fund your office. They will not give you what you need, much less what you demand.

“After all,” the thinking of most people goes, “if you, the medical doctor, are not asking to be compensated in a fashion commensurate with your fellow doctors, then your skills must not be worth much. You must not be a very good doctor.”

“Unfair!” you may protest. Well, protest all you want. Like it or not, that is the way it is.

The medical examiner’s salary is a test for the government seeking the services of a medical examiner. It is a measure of the value they put on what you do. If you believe you are providing an important and rare commodity, you have an obligation, perhaps even a moral obligation, to demand a good salary.

Now I recognize that becoming a medical examiner working for government is not the way to become wealthy. You are a public servant after all, and it is not appropriate to gouge the taxpayer (as if medical examiners ever had this problem!). Perhaps if you want to make a very high income, you should go into another lucrative field of medicine.

Those of us, however, who choose to do this for a living are not looking to become wealthy. We are looking to serve by doing something we enjoy and we believe is

important. Still, we do no one any good by accepting to provide important expertise cheaply.

Nevertheless, many of our colleagues do exactly this. They accept low salaries and remain in squalid working environments year after year after year. When confronted with this situation, these poorly paid doctors make excuses. I have heard several over the years.

*“The advertised government salary scale is fixed.”*

When interviewing for a new position, many believe that the government scale for medical examiner positions is inflexible and unalterable. I would not let a salary scale prevent you from negotiating, because in the end, everything is negotiable. If they need your services badly enough, the government will consider whatever offer you are willing to make.

*“I am not allowed to make more money than the boss.”*

Without any intended disrespect toward the boss (the non-physician chief executive of the governmental entity you will work for), I make the following observations.

Most chief executive positions are elected positions. They draw from a large pool of local executive talent. Contrast that with the medical examiner’s situation. Board certified forensic pathologists are a rare commodity, and board certified forensic pathologists with leadership and management skills are even more scarce. When a

government searches for a qualified medical examiner, the search typically has to be nationwide, not local, because of the scarcity of available talent. Consequently, in a free market, when the demand is high and the supply low, the price (or salary in this case) will go up. The chief executive will be more than happy to pay more to you than he or she receives in salary if the executive knows that you will be a credit to the government. If the chief executive does not understand this, you need to look for a job somewhere else.

*“People in my state do not tolerate medical examiners making a lot of money.”*

Then consider what the people of your state are saying. If “money = appreciation,” then they do not consider what you do to be important. It is only right then, and even inevitable, that the medical examiners they employ will also be ones who consider what they do to be unimportant. The people of your state should therefore be content to hire the incompetent and the unscrupulous. Hopefully, that is not you!

Let the people of your state get what they deserve!

*“I want to live here.”*

*“I grew up here and I want to stay.”*

*“I am independently wealthy, so I have no need to move somewhere else.”*

*“My husband (or wife or family) does not want to move.”*

This addresses those who are not willing to move for any reason. To them, geography trumps money. These are the contented souls who are happy to remain

poorly-paid medical examiners in troubled systems because they are not willing to leave the area or work in another job.

What right does anyone have to tell these that they should live and work somewhere else! This is a free country, right?

I agree. Feel free to stay where you are. Be happy, but also consider this:

One day, the people in your county or state will have an office accredited by the National Association of Medical Examiners. One day, the government of your county or state will happily provide funding for a new state-of-the-art facility. One day, the newspapers in your locale will stop reporting the tales of scandal and mismanagement that come from your office. One day, the funding for the office budget will be more than adequate year after year after year. One day, high profile murder cases in your jurisdiction will be tried without the taint of improper evidence management or interpretation. One day, the office you currently serve will be able to retain highly qualified and content forensic pathologists.

All of these good things will probably happen one day, *after you are gone!*

*“But I’ll persuade them!”*

Do not count on it. If you accept a poorly-paid position with the hope of charming the powers that be into funding your office adequately, then you are on a fool’s errand!

Please understand this: governmental leaders do not give large sums of money to people they never appreciated in the first place!

I realize that what I am writing seems harsh. I do not intend any disrespect to anyone personally. I am simply tired of seeing what I have been seeing year after year with no end in sight. I am tired of the tales of scandal and incompetence that mark our profession. I am especially tired because I do not believe any of it is necessary. The solutions are not only possible but inevitable if we simply had the courage to do what we should have been doing all along: demanding good salaries.

Before I end this chapter, I have a few practical recommendations.

First of all, how do you determine what you will ask for in salary? Before a job interview, the candidate should become familiar with the salary ranges for similar jobs throughout the country. He or she should consider the cost of living in the parts of the country where the jobs are. After learning about the market, the candidate should ask for a salary above the top part of the range. This amount will likely be far below what your counterparts in hospital pathology make, so it does not constitute a major stretch, in my opinion.

In addition to the salary, the candidate should ask the new employer to pay relocation expenses. He or she should also ask the employer to pay malpractice insurance premiums. I realize that some employers, particularly state and local governments, claim they are self insured and that there is no need for them to pay for malpractice insurance. I believe there is a need. The government always defends their best interests and not yours in a dispute. You need to be protected fully.



What if you are currently in a position that is poorly paid? Do you ask for a raise?  
Should you join a union?

You should never ask for a raise or join a union. You do not need to. You should make an appointment with your employer and tell him something like the following:

“I have thoroughly enjoyed working for you over the past \_\_\_\_\_ years, but there is something you need to know. I do not believe I am being sufficiently compensated for my work. My family deserves better for all my long years of training and my expenses. We have significant expenses ahead, and I owe it to them to explore other employment options. I will use some of my leave time to interview for other positions, so do not be surprised if you receive requests for information about me from other places. Perhaps I will not find anything, but I believe I owe it to my family to explore other options.”

It is important not to “burn your bridges.” You should try to leave on the best possible terms, no matter how negative the situation has been. Every employer appreciates consideration for his or her needs, so informing your employer of your intentions is always a good idea. This gives the employer the opportunity to prepare for your possible (and likely eventual) replacement. You have also posited a challenge. Your employer might do what he or she can to renegotiate your salary. If not, you at least will leave on the best of terms.

Notice that I suggested mentioning “my family.” In a delicate or controversial situation, I believe it is always a good idea to invoke a third party. This reminds your

employer that you have other needs to consider besides your own. It also puts your statements in a more reasonable and moral position, making your statements stronger.

Finally, do not ever bluff. Always be ready to leave your job. You may find that moving was the best professional decision you ever made!

## **Lesson 5: Make money for the office, not yourself**

The typical medical examiner often finds himself in an all-too-typical dilemma.

Because of low salaries, medical examiners and coroner's pathologists frequently supplement their income with moonlighting. The moonlighting can take many forms. Some medical examiners with more experience and notoriety often offer their services as expert witnesses in both civil cases and criminal defense cases. Some provide autopsy services to nearby rural counties. This often entails trips to funeral homes in these rural counties to perform autopsies. On occasion, some medical examiners get themselves into trouble by making moonlighting income during their normal duty hours or by using public governmental facilities and property to make supplemental private income.

I refer to this as a dilemma, because in this situation, nobody wins. The county or state government is deprived of the medical examiner's energy and creativity because much of that energy and creativity is applied to making money and not to developing an excellent system. The medical examiner is deprived of much needed rest and recovery and deprives his or her family of the time he or she should be spending with them.

When I accepted the chief medical examiner position in Kansas City in 1995, I found it no longer necessary to spend long hours in moonlighting activity. My salary was sufficiently substantial to allow me to devote my full time to running an office and correcting the problems of the office. Although my predecessors traveled to surrounding counties to do autopsies, I worked out arrangements between Jackson County and these

outside counties, both contractual and fee-for-service arrangements, which allowed bodies from outside counties to be transported to the Jackson County facility for autopsy.

This accomplished two things:

It allowed autopsies to be performed in a better-lit environment with adequate assistance and equipment—much better than what would be available at a rural funeral home. It enabled better autopsies with more information and few mistakes.

It also made money for the county.

You may wonder why I would be interested in making money for the county.

What benefit do I gain for bringing in money to the county coffers?

Consider this. The medical examiner department is one of the few governmental agencies capable of generating an income. Few other departments have that capacity.

Often, the potential income is substantial. Consider the figures in Table 2:

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TABLE 2: Revenue generated by the Jackson County Medical Examiner in 2004

<u>Source</u>	<u>Account Title</u>	<u>Amount</u>
Platte County	Contract for Medical Examiner	\$74,000
Clay County	Contract for Medical Examiner	\$173,411
Cass County	Contract for Medical Examiner	\$80,000
Missouri DHSS*	Child autopsies	\$114,000
Other counties	Autopsy services	\$63,000
Missouri DOC^	Autopsy services	\$24,000
Courts~	Testimonies/Depositions	\$5,000

**Total**

**\$533,411**

\* Department of Health and Human Services    ^ Department of Corrections    ~Civil cases only

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The total income was nearly one third of our total budget!

This money did not go directly to our office. This money, much of it generated from our voluntary activity, was deposited into the county general fund. How did this help the office?

I have come to learn that if politicians understand anything, they understand one thing.

Money.

During county legislative meetings, the legislators consider a wide variety of issues, and the great majority of the issues have to do with the disbursement of funds. “How much does it cost?” or “How much can we make?” are the main questions in their minds and on their lips.

I focused on how good death investigation helped the people where I live, but I found that if I made my proposals favorable for the bottom line, I would get further with what I believed needed to happen. I was able to justify increasing personnel, equipment and salaries if I demonstrated how my proposals could either save or make money for the county.

Regarding moonlighting, I occasionally received requests to do private work. The requests from attorneys for consultation came from cases that had nothing to do with the office, and the volume of these requests was low. I accepted these cases privately

because it did not make sense to involve Jackson County in them. It may be in the best interest of the county or local government you serve to take care of these requests privately.

It is important, however, to keep several things in mind. First of all, your primary responsibility is to your job for the government. The additional work should not negatively affect your job performance in your primary and most important job.

Secondly, if you are a salaried county employee, you must not use government time, resources or personnel to perform private work. Many a medical examiner has ended up in trouble on these matters. If you do any privately remunerative work on government time or with government resources, you must not do it without the expressed permission of the local government, and the government is not likely to give that permission. The public does not countenance public servants who “double dip” or make both a government salary and a private income during the same hours. You should do all of your private work after hours—evenings, early mornings or weekends—using your own resources. You should take scrupulous care to avoid mixing the main job with the extra work.

Thirdly, if involving yourself in a private case has the potential of negative repercussions for your job, you should turn the private case down. When I turned down a case, I gave the requesting attorney or family my recommendations of particular doctors who might be able to help them with their case.

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Finally, if you agree to do private work, do not give it away cheaply. Demand a high amount of money. After all, money equals appreciation, and you should get all the appreciation you deserve.

Because money equals appreciation, the way you manage the finances for the office will reflect on the type of appreciation you will receive from outside agencies.

Every employee in my office had his or her salary and benefits translated to an hourly scale. My secretary maintained the hourly scale. If a private attorney or any non-governmental entity made a request for work to be performed by the office, the office billed that attorney or entity for the time it took the employee to fulfill the request and for the resources that were expended. As a county employee, I am not allowed to bill on behalf of the county for more than the actual cost, so I made certain that we accurately billed for time and expenses. For example, if my deputies or I were required to perform depositions on civil cases, we would bill for the time according to the hourly scale set up in the office. If we had to sit at the courthouse waiting to testify in civil court on a case, we billed for the time accordingly. We did not do this on criminal cases, because court testimony in these cases was a part of the regular job description.

It is not acceptable to give away county services to private entities free of charge. You will command respect and appreciation if you are willing to make money for the office and not yourself.

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## **Lesson 6: Ask for what you need and no more.**

Too often in government, budget requests are a cynical money grab. I have often seen this with the federal government, but this also occurs with local and state governments too.

A department will often ask for more than what it needs to function adequately. As the fiscal year rolls on, there is an attempt to “use it or lose it.” Strange and unnecessary expenditures take place in order to make sure a line item for next year’s budget is adequately funded. I recall one Veteran’s Hospital replacing the black top on the parking lot every year in order to make sure that it would have the funds for the next year.

My office took a different approach. Every budget session, we asked for what we needed and no more. Our total expense by year’s end came close to the amount budgeted.

Over the years, my chief investigator and I developed trust with the people in the Finance section of the county government. They learned our pattern over the last 11 years and they trusted it. Consequently, we were never denied to any significant degree at budget time.

Other departments in the county using the cynical money grab approach found themselves frequently subject to an “across the board” budget cut. The folks in Finance discovered over time that some departments did not really need what they asked for, so in lean times their budget was cut with little repercussion.



Unlike many other county departments, cutting the budget for the coroner or medical examiner can have dire consequences. While we strenuously resisted budget cuts during the lean years, we had demonstrated over time for all years that we had only asked for what we needed. This served to protect the office from arbitrary budget cuts because those in decision-making positions learned to trust us.

On the other hand, many nearby coroner offices, particularly rural offices, are inadequately funded. Too often, the remaining funds in the budget will determine whether or not an autopsy is performed.

Available funds should never be a criterion for whether or not an autopsy should be performed. We only have one opportunity, because once the body is buried, important questions that need answers can never be obtained as easily or as inexpensively as before. Information readily available before the embalming and burial is often lost by the time a body has to be exhumed for an autopsy. If the body is cremated, physical information in any form may be gone forever.

One should always order and perform procedures based on the needs of the case and not on the availability of funds. I will never allow the lack of funding to be an excuse not to perform an autopsy!

I tried to run the office in such a way as to provide “value.” Value in this setting is defined as providing the highest possible quality for the lowest possible cost. I looked for the most cost-effective ways to do excellent work. I will share some of my strategies in the chapters to come.

## **Lesson 7: Wield “The Big Stick” for the office.**

Being a medical examiner can be compared to being in the middle of vicious fight. As the parties angrily hurl invective and possibly other objects at each other, the hapless medical examiner stands in the middle of it all, hoping to keep him or herself out of as much trouble as possible. For this reason, the term, “forensic,” defined as “of, relating to, or used in debate or argument,”<sup>4</sup> seems in this sense to fit in front of the word, “pathologist.” There is also a tendency for one or more of these parties to want to kill the messenger, particularly if the message from the medical examiner does not fit an agenda.

One of the things I noticed when I assumed a new job in a previously troubled office was the resistance to positive change. Because the previous medical examiner was weak and his findings were questionable, other agencies--the police, the prosecutor, and the child protective agency--adjusted the way they conducted investigations in order to compensate for that weakness. For example, police agencies in my jurisdiction used to remove all of the evidence from the body before the pathologist viewed the body. This practice was unacceptable, and no fully accredited death investigation agency in this country allows this. Prosecutors and child protective agencies also made it a habit of consulting outside pathologists in critical cases, thereby calling into question their faith in the findings of the one hired by the county. When you, the new chief medical examiner, arrive on the scene, these practices do not go away immediately. You are immediately questioned, and your opinions and decisions are immediately viewed with suspicion.

Consequently, I believe it is essential for the new chief medical examiner to be ready to wield “The Big Stick” for the office.

Shortly after I began work in Kansas City, one of my former investigators complained about how tough it was to work in the office. We occupied a portion of the morgue in the ground floor of the county hospital. He complained that housekeeping never came down to empty the trash, even though trash would overflow from the bins, particularly after a busy weekend. The hospital radiology technologists responded slowly to our requests for radiographs on our cases, both for the taking of the x-ray and for their subsequent development. When the medical examiner investigator would arrive at the death scene, the police officers and other personnel would not show him any respect and would not give him access to the body or to information regarding the death. He further moaned about how none of this would ever change. “We are too small,” he said, “and everyone pushes us around.”

I smiled as I told him that all of this would change for the better. “I carry a big stick,” I told him, “and I am not afraid to use it!”

Jackson County, Missouri, finally decided to spend much more money than before in order to hire a chief medical examiner with excellent credentials and an excellent reputation. The county government finally decided to remedy a neglected agency. I felt I had a mandate to fix the situation, and I was prepared to do so.

In spite of the investigator’s disbelief, the situation with housekeeping and radiology was easily fixed. It was simply a matter of going over their heads and speaking to their supervisors. Further, I employed a technique that I have found to work well over

the years. If the x-ray department, for example, said that they could not take the x-ray films immediately because they were taking care of other more urgent situations, I asked them for a specific time that they could respond. If they did not respond at the time they said they would, I would have my investigator telephone them every five minutes until they came. The squeaky wheel does indeed get the grease, so in a nice way I did a lot of squeaking! Soon, housekeeping and radiology learned that it was easier to respond immediately than to have to answer all of the telephone calls that would certainly follow.

The tense situations at death scenes were also easily remedied. I instructed my investigators to avoid arguments at the scene. Simply smile, take down the police officer's name and badge number, and report the situation to me. After several calls to supervisors, the situation immediately reversed. My investigators had no problems doing what they needed to do at the death scene.

It is important for the new chief medical examiner to set the boundaries for acceptable practice and behavior, not only with his or her office staff but with other agencies. I have found that if you demand respect, you will get it. I feel no need to bow to any type of political pressure if it will lead me to do something I know is not right.

It is also important to demonstrate to the people who work for you that you are willing to fight for them. Wielding "The Big Stick" immediately improves the morale of the office.

The phrase, "Speak softly and carry a big stick," comes from former president Theodore Roosevelt. This is the way he described his foreign policy. In the same way,

the chief medical examiner should always be professional, polished and polite;  
nevertheless, people should be able to sense toughness behind the polished front.

## **Lesson 8: Think ahead. Think way ahead!**

I have learned from training and experience that good forensic pathologists find answers to questions before the questions are asked. It is important at the outset of any investigation or autopsy to anticipate the issues likely to emerge in the case so that the proper information is obtained, the proper photographs taken, the proper tissues sampled, and the proper specimens collected. Whenever someone close to the decedent telephones you with questions, whenever an attorney subpoenas for particular items of evidence, whenever a homicide investigator asks for information obtained from your observations, it is always nice to be prepared to give accurate answers. This requires the good forensic pathologist to think ahead. The forensic pathologist who knows what he or she is doing knows the issues that will surface several years after an autopsy.

As important as it is for the forensic pathologist to think ahead, it is even more important for the chief medical examiner to do the same regarding the office. The chief must not have a problem with “the vision thing,” a expression used by the former president of the United States, George Herbert Walker Bush. A good chief medical examiner must be a visionary because in most of our medicolegal death investigative systems, many improvements are needed and much remains to be done.

For example, I knew back in 1995 that I needed to expand the office from the one broken autopsy table and the office space we shared with the hospital pathology department. I needed to do it in a way that would be affordable and readily accepted by

the county. If we remained within the medical complex where we were, I knew we could keep our overhead low because many of the amenities we enjoyed, such as security, library and radiologic services, would be provided by the hospital. I believed our continued presence within the complex would enhance a future training program because of ready accessibility to other academic departments.

We also had a financial advantage by staying within the medical complex. Both the medical examiner office and Truman Medical Center—the county hospital and the main teaching hospital within the complex—received money from the same county fund, known as the Health Fund. This served to keep our rent low, because the County told the Medical Center that they would receive a smaller allocation from the Health Fund if the rent was increased. This kept our rent and supply overhead for the office remarkably low.

I knew we needed to stay in the complex rather than to construct an expensive stand-alone facility, but the challenge was to find adequate space to meet the growing demand and workload of the office. Initially in 1997, we identified and renovated about 4,700 square feet of space on the first floor of the Truman Medical Diagnostic and Treatment Center building. We knew that this renovation would allow us about five years of adequate space because of our growing workload.

My chief investigator, a former security officer who used to work for Truman Medical Center, maintained his contacts with the hospital. About five years after our first renovation, he learned that the relocation of the Magnetic Resonance Imaging office—the office immediately adjacent to the medical examiner office—was in the offing. Armed with this information, we were able to negotiate successfully with Truman for the vacated

space and persuade the county government to obtain bond financing for a new project, allowing us to begin the plans for another renovation and an expansion in early 2003. With additional construction of a vehicular sally port, we expanded into the 10,000 square foot space that the office currently occupies. After the renovation, expansion and construction, we were charged by Truman Medical Center only \$1,900 per month for rent and supplies!

None of this would have happened if I had not thought ahead. With an overall vision and direction for the office, a chief can recognize and take advantage of important opportunities.

Foresight can also allow the chief medical examiner to prevent crises to the office before they occur. During the best of times, a medical examiner office or individual forensic pathologists can find themselves in trouble because of the emotional and sensational nature of the work we do. The ability to anticipate the moves of police, family members, the media and politicians is an important prerequisite for a chief medical examiner because that anticipation will allow the prevention of crises. This ability to anticipate is gained through experience. That is why, I believe, a person should not consider taking a chief position until they have had several years of experience working in a busy medical examiner office.

I do not consider myself adept in the fine details of budgeting and other money matters. Fortunately, my administrator/chief investigator was competent in these areas, and he took care of the day-to-day management issues. Nevertheless, there has to be one person with a vision and with the knowledge and experience to bring that vision to



fruition. Others may help with the details, but only one person should have the big picture in mind at all times. That one person must be an individual who is not only properly trained and experienced in forensic pathology and death investigation but also possesses leadership qualities and vision. It is that person who must be the chief.

## **Lesson 9: Set a positive example.**

I am about to perform an important public service. By the time you finish reading this lesson, you may even want to thank me.

My first comments are addressed not only to young and inexperienced forensic pathologists—either in training or relatively new to a full-time job—but also to those who have been laboring as deputy medical examiners for many years. If this applies to you, then perhaps it is your career goal to one day become chief of a large medical examiner office. If that is what you want, more power to you! It is important to have big dreams.

But before you dream on, I have a few questions for you.

What kind of person are you?

Sure, I already know you are intelligent—maybe even brilliant. You are a graduate of a medical school, a highly trained forensic pathologist, board certified, clearly an expert in your field. Perhaps you have written important papers in forensic pathology, and maybe you have written book chapters. Perhaps you are even an editor of a major textbook (please don't get any ideas that I am directing my comments to anyone in particular—just follow my points)!

Are you the kind of person with idiosyncrasies—characteristics that may make you hard to tolerate? Do you yell at secretaries, investigators and autopsy aides? Do you come to work in a foul mood? Or do your moods swing widely in cyclothymic fashion?

Do you lose your temper? Do you curse? Are you viciously impulsive? Are you depressed? Are you sad? Are you a worrier?

How disciplined are you with your speech? Do you know when to speak out and when to keep silent? Do you try to understand a situation thoroughly before speaking about it? Do you speak kindly to grieving family members and others outside the office? Or do you only speak kindly to those whom you perceive are important to your career and job?

Are you inflexible? Intolerant? Impatient? Rude? Overbearing?

If you harbor these idiosyncrasies, I do not want to discourage you. I want to encourage you.

We need brilliant people like you in forensic pathology. We need your expertise. We need your invaluable input. The people you work with will learn when to avoid you when you are in a foul mood. They will learn to tolerate your mood swings and your erratic behavior. They may admire your brilliance while they learn to chuckle at your failings.

We need you working by our side, but please...please...PLEASE!

**DO NOT EVER BECOME A CHIEF MEDICAL EXAMINER!**

Those of us who have been successful chief medical examiners make the job look easy. We carry on our duties in a seemingly effortless fashion. We take care of crises before they arise. We inspire those who work with us and for us to do good work. The office carries on its work year after year after year without scandal or public embarrassment. We work effectively and cooperatively with outside agencies. The office

runs efficiently. People who work there look happy. Several even wait in line for a job opening and an opportunity to work at the office.

Sometimes we, the successful chief medical examiners, become victims of our own success. The ease and efficiency of the office looks effortless. At times, the success and our contribution to it—invisible as they may seem—are taken for granted.

Sometimes even those closest to the picture may not realize the careful thought, the discipline and the planning behind setting a positive example.

Over the years that I have worked as a resident in pathology, as a hospital pathologist, as a deputy medical examiner, and finally as a chief, I have learned one basic fact: the boss sets the tone for the operation. I have worked with my share of quirky but brilliant individuals. One staff pathologist who trained me during my residency was famous for mood swings. Often, the secretaries in the front office would signal to me if this individual were in a good or foul mood prior to my appointment. As long as a person like this is not the chief, we could all figure out ways to manage.

But when a person like that is the chief, it poisons the atmosphere of the whole office. Those who work in it are sullen. They bicker with each other. The work is sloppy and careless. Interactions with others become inefficient, and misunderstandings arise.

Can a good chief always guarantee that everyone will always be happy? No! Causes for misunderstanding will always arise. Nevertheless, the erratic chief with an undisciplined temper will bring profound difficulties to the work environment. The excrement indeed rolls downhill!

This is why I feel I am performing a public service by warning the quirky and the character-flawed among us not to become chief medical examiners. The job is already hard enough; why make it harder?

When I walked into the office in the morning when I was a chief, I assumed “chiefly” attributes. I put away my personal worries and fears, and I smiled. Although I am shy by nature, I stood up straight, walked confidently, and turned into an extrovert, greeting everyone I met. Before settling down in my personal office, I walked around the facility and engaged in what I have heard referred to as “management by walking around.” I greeted everyone with a smile, inquiring about family members and other people important to the men and women I worked with. I inspected the office and the environment, studying it to see if everything was running smoothly and if the office was reasonably clean and well ordered. I noted if the office was busy with a heavy workload that morning or if all was quiet. Although I did not offer to do anyone’s work for him or her, I made note of any problems or difficulties and I discussed them with the office administrator/chief investigator.

During times of stress, when most of the people at work were aware of political issues that impacted the office, I did not show any hint of worry. I was optimistic.

Optimism does not come naturally to any human being. It is learned. I am grateful to my father for teaching me to be optimistic, not only by his instruction but also by his example. Anyone can be pessimistic, but it takes faith, courage and character to be optimistic.

One of the most difficult jobs of the chief is to discipline others in the office. Over time, I have noticed that most people work in cycles. At times, they put out their best effort, but other times they become careless. I have learned not to be disappointed when this cycle occurs. My job was to encourage them when they were doing well and reprimand them when they were not doing well. This part of the job would be much more difficult if I did not present a positive example of steady, dependable professionalism. My work does not go in cycles. I remain a consummate professional at all times, doing the best that I can do. One who aspires to become a chief must also be a steady professional person under all circumstances. Otherwise, how can the one you are disciplining feel the need or the inspiration to do any better?

Beyond intelligence and job knowledge, the chief medical examiner needs several attributes. The chief must be a visionary. He or she must be polished but tough. He or she must be fair and balanced. And he or she must set the kind of positive example that others are willing to follow.

## **Lesson 10: Go slow at first**

Before I left Atlanta to begin my new job as chief medical examiner in Kansas City, Dennis McGowan, formerly the chief investigator for the medical examiner office in Fulton County and a man with much experience in death investigation, gave me some sage advice.

He said to make no changes in the office for one year.

Stephen Covey's book, "The Seven Habits of Highly Effective People," contains many useful ideas for the new chief medical examiner.<sup>5</sup> One of those habits—to seek first to understand before being understood—is particularly important. Robert Frost also helped the erstwhile chief medical examiner when he said, "Never tear down a fence until you know why it was raised."<sup>6</sup>

It is very tempting to walk into a new situation—particularly if the new situation is a troubled situation—and institute immediate changes. This temptation is one you should resist with all your might. You may not realize until much later how much you damaged yourself at the outset.

The medical examiner system you have chosen to lead did not begin on the day you walked through the door of your new office. Frequently, it evolved over a long period of time. Personnel in the office frequently have been using the same policies and procedures for years. Additionally, law enforcement officers, prosecutors, child protective services, and a host of other agencies have become accustomed to performing

in certain ways. Just as you may feel that the office you left performed the job in the best possible way, members of these agencies feel the same way about the jobs they do.

Also, first impressions are indeed lasting.

Over the years, I have taught medical students and pathology residents how to testify in court. I have told them that the most important part of the testimony is what they do at the outset—how they walk into the courtroom, how they look and dress, how they stand to take their oath to tell the truth, how they make their initial eye contact with the jury. If they do well with this, they will develop immediate rapport with the jury. They will take advantage of the “halo effect” where they are perceived as being better than they actually are. On the other hand, a poor initial performance will make the job tougher and they will less likely succeed.

The initial showing of the chief is even more critical. At the outset, the office staff views you with trepidation. Nobody likes to change; yet your arrival signals that major changes are ahead. They wonder what you are like, how easy it will be to work for you, and how much additional work they will have to do. When I began in Kansas City, some in the office even worried that I would replace them with someone I would bring with me from Atlanta!

At the outset, the new chief is intensely scrutinized, not only by the office staff but also by law enforcement officers, crime scene technicians, and assistant prosecutors. The question foremost in their minds is, “Are you a good guy or gal or are you a jerk?”

At the outset, you as the new chief should plan on spending long hours at the office. The purpose of the long hours is to learn as much as possible about the office. In



order to do this, you need to “hang out” at the various times when people are on duty. You need to watch and listen to everything that is going on. And you need to do this long before you make any changes.

When I began my new job as chief, I set up appointments to meet with every member of the staff. I asked each of them questions—questions about themselves, questions about the history of the office, questions about how the office functioned. I also gave them the opportunity to ask me questions, and I recall that they asked me many questions—what was I going to change, what was going to happen, what was I going to do about particular issues. This time was about building trust and relationships. It was also an invaluable time to learn about the office.

I also asked the investigators to take Polaroid photographs of every new person I met in the office. There were many—homicide investigators, crime scene technicians, hospital personnel, etc. I pinned these photographs with the names of each person on my bulletin board so that I could learn their names or at least be reminded who they were.

I also spent much time looking through the office files. It turned out to be a very good thing. While looking through the files one day, I discovered several with blue round labels. I asked the secretary what these labels meant. She told me that those were files where the previous acting chief medical examiner had not dictated and signed an autopsy report. To my amazement, about one third of the cases ranging over a year and a half did not have dictated autopsy reports. I asked her when she was going to tell me about this. She said she was afraid to say anything.

Needless to say, certain emergency situations require changes to be made quickly, and the state of these dictations constituted such an emergency. When this happens, it is better that too many changes were not occurring at the same time. I was glad to go slow at first.

### **Lesson 11: Don't blame the person—fix the system.**

I attended a meeting in Chicago in March 2004 sponsored by the American Council on Graduate Medical Education. Both keynote speakers, former Secretary of the Treasury Paul O'Neill and physician/astronaut James Bagian, MD, spoke on patient safety in medical care.<sup>7</sup> Both had jobs in 2004 that involved making policy regarding patient safety: Mr. O'Neill was founder and CEO of the Pittsburgh Health Care Initiative and Dr. Bagian was director of the Department of Veterans Affairs' National Center for Patient Safety.

Dr. Bagian in his address described the success of the airline industry with safety. In the 1930's, aircraft crashes were a frequent event. A pilot delivering airmail had a life expectancy on the job of three to four years. In the 1950's, the aviation industry realized that they could not continue to build airplanes only to crash them. At that time, the industry began to emphasize teamwork and standardization of procedures to prevent error.

The airline industry sought to develop an environment where the mechanics and other airline personnel felt safe to report errors or potential errors. Too many of these people were afraid to point out errors and problems because they felt that in doing so they would be reprimanded or fired. Over time, the culture and the attitudes began to change. Those in management encouraged their employees to report not only errors and problems but also any potential errors or near misses. Employees began to work with standardized protocols and were encouraged to report any deviations from protocol—by themselves or anyone else. Eventually, to this present day, airline travel has become safe. Now, major airline crashes are rare.

Such a culture, according to Dr. Bagian, does not exist in medical care—at least it did not in 2004. Although it has been years since I have been involved in direct patient care, I remember from my days in training the tongue-lashings we would receive. Too often, young doctors and nurses feared getting chewed out by attending physicians. Dr. Bagian was right to point out that this kind of environment is not conducive to optimal patient safety.

An environment of fear is also not conducive for good death investigation. I realized this intuitively many years ago, and Dr. Bagian's comments served to reinforce my own ideas.

The chief medical examiner is responsible for a relatively large operation. As a chief, you must rely on the professionalism and the diligent, careful work of your staff. So many disastrous events have the potential to bring serious scandal to the office. Toxicology specimens can be mislabeled. Bodies can be misidentified. The wrong body

can be released to the wrong funeral home. Specimens can be lost. Refrigeration of critical stored evidence can fail. I could go on and on and on. The chief must maintain an environment where the procedures are standardized and the reporting of potential problems is encouraged. To do this, the chief must not blame the person but fix the system.

The “system” consists of policies and procedures worked out over time that everyone in the office must follow. The National Association of Medical Examiner Inspection and Accreditation Checklist provides a useful place to start in writing those policies and procedures. They can be obtained at the NAME website: [www.thename.org](http://www.thename.org). Several of the checklist items require specific written procedures covering varying aspects of the running of the office. Additionally, any new procedure enacted in the office should be put into written form once all of the details have been worked out over time.

You as the chief do not form or write those procedures by yourself. The procedures require the professional input of the people who work for and with you. In order to ensure compliance, the people in your office need to understand the need for the procedures. They need to provide their valuable feedback on how the procedures will impact their work. They also need to sense that they are a valuable part of your team. You cannot think of everything by yourself; you need help. Your job as a leader is not only to persuade them of the need for policies and procedures but also to motivate them in the writing and development of the procedures.

Beyond procedures, there needs to be an open channel of communication between you and the people you employ. Most of the time while I was at work and not in a private meeting, I left the door to my office open, inviting anyone to stop by to talk with me. I was willing to speak to any of the people who worked for me about anything. I may not have been willing to settle all disputes among employees because many of these were referred back to their supervisor, but I always did what I could to make myself accessible and to listen. People in the office need to sense that you are fair and they can trust you. This will never happen if you do not keep communication open.

You need to encourage your employees to report to you any and all irregularities, problems and mistakes—whether or not they are involved or others are involved. The point of this is not to get people into trouble but to correct any problems. This should include you. I encouraged this for myself when I was a chief. If anyone in the office felt I was making a mistake, I encouraged him or her to tell me and I thanked this person for the input. On multiple occasions, my autopsy aide would point out something I was overlooking during an autopsy, and I would thank him for bringing it to my attention. As long as people spoke to me respectfully, they could tell me anything they wanted or needed to tell me. Often I would tell them, “If you see that I am about to step into a deep, dark hole, please...feel free to warn me!”

We all make mistakes. No one is perfect. The only one to blame for anything in reality is the chief. He or she is responsible for the system and for the work environment. If a mistake is made, the system needs to be adjusted to minimize human error. Often, this may mean introducing more double checks and redundancy into the system. This

may mean more safeguards, more encouragement for the people you employ to catch things early and to report even slight irregularities. It is much easier to fix the slight irregularity than it is to deal with the aftermath of a major disaster.

Does that mean that no one will ever be disciplined? Not at all. If one of my employees deals poorly with the public or engages in activity that is illegal, immoral or wrong, that employee must be corrected or possibly removed. Still, the chief must be willing to listen to all viewpoints, particularly the viewpoint of the alleged offender. Although the discipline may be tough, it must be fair.

But what if you fail to keep lines of communication open? What if you are arbitrary? What might happen if you insisted on blaming people for their mistakes without any consideration or fairness? What might happen if you insisted on writing policies and procedures without receiving the vital feedback from the people doing the work?

This type of insensitivity might not work well for any type of manager, but for the chief medical examiner, it could be disastrous. It could even cost you your job.

The chief medical examiner is already under intense scrutiny. The media is quick to report on any failure or misstep. Often, the chief may make enemies in high places just simply by telling the truth and doing his or her job. If any horrible mistake happens, the chief will be blamed for it immediately in a very public and humiliating fashion. Unlike the elected politician who has the power and the luxury to be able to get away with blaming others for his or her failures, the appointed chief medical examiner is much more easily expendable. Even though a chief medical examiner is not easily replaced,

this does not stop many politicians from getting rid of a chief. Usually, the politician has finished his term and moved on before the consequences of that choice become apparent.

The disgruntled employee—the one you treated disrespectfully for so long—can exact revenge in several different ways. One way is to simply let things slide. Errors of omission and neglect are not as easy to pin on someone as are errors of commission. One can allow things to happen without leaving fingerprints.

A disgruntled employee can also become a whistle-blower. I have seen several examples of this over the years. For example, one periodically may read in the news how an employee blew the whistle on a county-employed forensic pathologist for doing outside work on government time and with government resources. Not only should a chief or any pathologist be above reproach, the doctor should also keep his relationships with employees in good shape to prevent them from even having the desire to cause problems.

In conclusion, there is one sure-fire way of spotting a poor leader. The most distinct evidence of poor leadership is when the leader publicly blames employees for mistakes. A good leader will never do this. A good leader is more interested in a system that runs like a well-oiled machine, enhanced by the talents of trained individuals who are treated well.

## **Lesson 12: Keep a low profile**

In Army basic training, soldiers are required to go through an infiltration course. They crawl 100 yards beneath barbed wire 18 inches from the ground while rounds of live ammunition are fired 36 inches above them. They learn from this exercise that survival in combat requires the soldier to keep a low profile. Providing the enemy a large, readily visual target is not conducive to a long life.

The chief medical examiner—particularly one employed by a government—also does well to keep a low profile. It is the best way to go for a long career.

Many of my colleagues disagree with me on this point. They feel that the public lightly esteems forensic pathologists and medical examiners because they do not promote



themselves. They feel that the doctor should look for ways to appear in the media spotlight, commenting freely on the sensational case of the moment, allowing cameras to have free reign in the county morgue to photograph what goes on. How will the public know how good a job we do, they wonder, if we do not promote ourselves?

Please do not misunderstand me. I am not suggesting that you become a recluse. I am not suggesting that you refuse to speak to all reporters. I am not suggesting that you refuse to speak to families about the death of their loved ones or to offer needed information and comfort. I am not suggesting that you refuse to serve on committees or participate in other activities that promote the general welfare of the people you serve. These activities are all part of the job description of a medical examiner and are necessary. Refusing to do these activities is not what I mean by keeping a low profile.

I am writing about the desire and even the temptation to court the media in order to get in front of a camera. We all have egos, and we all want to enjoy the adulation of an admiring public.

Dr. Alan Moritz in his treatise on classical mistakes in forensic pathology describes the “mistake of talking too soon, too much, or to the wrong people.”<sup>8</sup> Speaking hastily into a microphone about your opinions, particularly early on in an investigation, not only can lead to public embarrassment but may also compromise the investigation and prosecution of a case. Reporters may breathlessly direct their questions to me on the cusp of breaking news, but I have always referred any inquiring reporter to the police or prosecutor. Keeping a low profile in these kinds of situations has served to save me from many potentially embarrassing moments.

Furthermore, we would be horribly naïve if we failed to recognize the true nature of the media.

I am reminded of the story of the frog and the scorpion. This old story tells of a scorpion who needs to cross the river. He asks the frog for a ride. The frog, initially wary of the scorpion, refuses. “How do I know you won’t sting me?” the frog asks. The scorpion replies that it would make no sense for him to sting the frog because they would both drown. Satisfied with the scorpion’s answer, the frog ferries the venomous insect across the river, but the scorpion stings the frog in the back. The dying frog asks the scorpion why he wanted both of them to die. The scorpion replies, “I cannot help it. It is my nature.”

Talking freely to the reporter seems like a good idea to the naïve, frog-like medical examiner. He feels he is performing a public service by letting everyone know what is going on. Little does he realize that the story has already been pre-written in the mind of the reporter, and the reporter is simply looking for some sensational statements from you. Reporters like to introduce drama and conflict into a story. Frequently they depict investigative agencies arguing with one another. I realize not all stories are written like this, but reporters will frequently pit you against an antagonist in their story, allowing you to be seen in a less than favorable light. You may not know this at the outset, but it becomes woefully apparent that evening or the following day as you hear your sound bites on the evening news or read the edited version of the story in the newspaper. Further, the utterances, distorted by the media as they are, may come back to haunt you

when a case goes to court. You may find yourself having to explain your utterances to a judge and jury.

You should carefully measure what you say to the media about breaking news. Express each phrase simply, carefully measuring each word, making sure to omit technical jargon. Respond only to questions that you are directly asked. Make sure that to tell each media agency the same information so that no one can accuse you of allowing one agency to scoop another. Anticipate the future and the impact your hasty or carefully uttered words may have on it.

Say nothing unless you are absolutely certain of the truth of what you say. Keep in mind that you know very little at the beginning of an investigation, so say very little. If the investigation is a homicide investigation, I would simply say nothing other than to refer all reporters to the police and prosecutor.

On multiple occasions, I received requests from documentary filmmakers who wanted to enter the morgue and film what goes on. In this day of fictional television programs about crime scene investigators, there is tremendous interest in all forensic matters. Frequently, photojournalists ride along with police officers to document a case. Frequently, they want to enter the morgue with the detective to film the autopsy.

I carefully considered each request for this when I was a chief medical examiner. Frequently, I allowed it but only under very limited and restricted circumstances. I would not allow photography of any part of the dead body that would allow any person to identify that individual. I would not allow any graphic images. I would also restrict access to only certain areas that the supervising investigator could control. All of us

would guard carefully anything we would say. I also required advance notice before any photojournalist would enter the building. We needed to be prepared, and I wanted each individual in my office to be clear on what he or she needed to do.

If society were a human body, I believe the morgue would be the “private parts.” These portions of anatomy are important but sensitive. They need to be covered discreetly, not wantonly exposed. The death of a loved one is a very personal and sensitive experience, and we need to do all we can to respect that. Members of society become outraged when its public servants deal with the dead in a less than discreet and reverent manner. Numerous news accounts over time attest to this.

Consequently, when I participated in the design of the medical examiner facility, I wanted it to be secure—not only for the evidence it contained and carefully guarded but also for the sensitive nature for the work we do. We allowed visitors for necessary business and educational purposes, but we did not allow access to those with sensational and prurient interests, macabre fascinations, or idle curiosities.

You should also maintain a low profile when it comes to your dealings with your superiors and with other agencies. The media is not a good place to argue or to air your differences with your superiors. It is also not a good idea to pit yourself against other agencies, even though the reporter may try to do this for you. I made it a point never to say one negative thing about anyone when I spoke to a reporter, even though others publicly and harshly criticized me. You would be wise to do the same. In the end, you will lose the argument if you have it in the media.

You should always do your best to maintain a low profile, but there may be occasions when you cannot. Sometimes, moral obligations may propel you into unwanted limelight. What do you do then?

You do what is right, no matter what it may cost you.

Sometimes, the temptation may be overwhelming to cover up, to overlook, to ignore, to make unwise and unjust choices in order to keep yourself out of trouble. In the short run, doing what is right may cost you dearly. It may even cost you your job. Still you must do what is right rather than what is expedient.

As medical examiners, we are obligated to tell the truth. A medical examiner without credibility is worth nothing! Telling or allowing a lie undermines your credibility not only to others but also to yourself. A job may be temporary, but you have to look in the mirror and hopefully like the person you see until the day you die. No amount of money can buy integrity or buy it back if you have lost it. You can only earn or maintain your integrity by the truthful and courageous choices you make daily. It takes years to develop integrity but it can be lost in an instant.

So if maintaining a low profile causes you to lose your integrity, than lose the low profile instead. Better to take a bullet while standing up than to slither around on your belly for the rest of your career.

**Lesson 13: If someone can do a job as well or better than you, ask him or her to do it.**

This lesson is simply about delegating. Although the concept is simple, it turns out that it is easier to talk about delegating than to do it. This is particularly true for perfectionists. If you are the type of individual who requires everything to be perfect, you will have problems with this lesson.

Perfectionism is not an unusual trait among professional people. All professionals are proud of the work they do. Each professional, early in his or her career, thinks they are in control of every aspect of it. Later on, we, the professionals, find ourselves less in control than we did previously as our lives become more complex. A transition in our thinking has to take place.

Perfectionism unfortunately will get the forensic pathologist into trouble. The doctor who insists on taking his own photographs, making his own labels, making his own incisions, and doing his own eviscerations will become overwhelmed. Frequently, necessity causes many of these compulsions to disappear when the doctor finds himself faced with a 7-autopsy day. Unfortunately, some never make the transition successfully.

An element of judgment is required to discern what is important and what is not as important, what is essential and what is not essential, what must be done by the doctor and what can be done by others who are not doctors. Hopefully, a fellowship training program teaches the pathologist to use that judgment so that he or she is able to work efficiently and still work effectively. Hopefully, the deputy medical examiner learns to

rely on others to help him or her with the heavy autopsy load—by taking the photographs, doing the eviscerations, opening the head, making the labels, and so on.

Then, when the deputy medical examiner makes a transition to become a chief medical examiner, a whole new reliance on others begins. Now the new chief has to rely on more people and is in less control of his or her work product than before. Now, other concerns such as the budget, the building, the personnel, the policies and procedures, the security and safety of the office, and relationships with others outside the office become concerns. The chief knows he cannot do everything by himself, yet it is hard to know what tasks should be delegated and what should not. Also, it is hard to ask others to do what you are capable of doing for yourself.

Stephen Covey describes the maturation process with the terms dependence, independence and interdependence. As infants and children, we depend completely on our parents and other adults to supply our needs. As we grow, we become independent adults who learn how to survive. Independence is important to achieve as a successful adult; however, the greatest achievements come through interdependence. They come when we learn that we cannot do it all ourselves. We must rely on others for great achievements, and we need to learn to do so effectively.

When confronted with any task as a chief medical examiner, I asked myself, “Do I need to do this, or can I find someone else to do this for me?” As the title of this lesson suggests, not only could I frequently find someone who could do the job for me but also that person could frequently do the job better than I could. Perhaps this is humbling, but

so what? In the end, this is not about me. This is about doing the best I can and providing the best possible service for the people I serve.

Please do not misunderstand me. You should not allow others to practice medicine or do autopsies if they are not licensed to do so. When delegating, the job should always be appropriate for the individual's training or licensing. The job should be appropriate for the individual's pay grade.

What if the person you turn to in your office cannot do the job as well as you. I would argue that you should still let him or her do it. How is anyone going to learn to do anything if you never delegate? Isn't it time to teach those who come after you how to do the work so that they can carry on after you are gone?

There are many reasons to delegate your work—not only for your benefit but also for the benefit of those who work for you and even others.

Delegating helps you focus on the big picture. You are the designated leader and visionary. How can you think about the big vision when you are thinking all the time about the fine detail? Is it wise to be consumed with the urgent and neglect or forget the future and direction of the office? Obviously this is a rhetorical question, but the answer to it may not seem obvious to some. Of course you have to focus on the big picture! That is what you are paid to do! You must happily let loose of the fine detail for others to work out.

Delegating gives others an interest or stake in what goes on in the office. You should not let those who work so hard for you feel shut out of the process. Allowing



others to have delegated authority and responsibility energizes them and allows them to perform at a level that even they had not foreseen.

Delegating develops the talents of those who work for you. It is a marvelous thing to see talents previously hidden blossom in the lives of those who work for you. Why deny yourself and the office the benefit and the pleasure of seeing this?

Delegating allows the work to be done better. You may be a perfectionist, but you will never do something well if you are overwhelmed.

Delegating allows more creative solutions. Each of us tends to look at problems and issues from a fixed point of view. Allowing other points of view allows the possibility of finding creative and effective solutions to problems.

Delegating also helps you during a disaster. You may, for a while, handle most of the office matters, but what happens when a disaster strikes? What if a major explosion, building collapse, or airplane crash provides numerous dead bodies to recover, identify and examine? Your capacity to handle the situation is then greatly exceeded. If you had not delegated heretofore, you would find yourself in serious trouble.

I recall visiting Dr. Charles Hirsch, the Chief Medical Examiner of New York City, shortly after the September 11, 2001 terrorist attack destroying the World Trade Center towers. We had provided an investigator from our office to help in their recovery efforts. To thank us, they gave a few others from my office and me a tour of their morgue facility, particularly the temporary morgue set up to deal with 9/11. When I sat down to talk to Dr. Hirsch, I asked how it was possible for him emotionally to handle such a horrendous event. How did he cope?

Dr. Hirsch told me he did not worry. He knew he could rely on the capable and qualified people in his office to assist him with this incredible task. He did not feel alone or overwhelmed.

Should a disaster arrive in your jurisdiction, you want to feel the same calm assurance and peace. You want to feel that the people you trained, encouraged, and relied upon during more peaceful, less turbulent times will be able to step up and support you during a disaster. You will have that assurance if over time you let others to do the work that they can do as well or better than you.

## **Lesson 14: Hire investigators with varying backgrounds and skills and train them well.**

The next three lessons cover the role of the medical examiner investigator. The people who serve as death investigators in the office are extremely important to the well being and functioning of the operation. They are essentially the “linchpin” of the operation. Without competent death investigators, the chief medical examiner will be lost.

Why is this? Well, for one, the chief can perform the most careful autopsies ever performed. The chief can check every minute detail of every organ system, submitting numerous slides for microscopic examination, checking the conduction system of every heart, examining every square centimeter of the intestinal mucosa. The chief can write long reports that describe every detail in painfully accurate prose. The chief can perform examinations that any academician would love. Still, without accurate information derived from well-done death investigations, these elaborate and painstakingly accurate autopsies will lead the chief and any pathologist to the wrong conclusions every time. And if the opinions and conclusions are wrong, what is the point? Would we serve in that chief position for the right reasons if we find the wrong answers and draw the wrong conclusions?

The truth is painful but it still is true: we are no better than the investigators who work for us. We perform only as well as they perform. We are only as accurate as they

are accurate. As it is with computers, it is with death investigation: Garbage in, garbage out!

If you fail to see that what I am writing here is true, it is because you have not been a forensic pathologist long enough. You have not seen the consequences that come with bungled death investigations. You have not seen that most mistakes come from drawing wrong conclusions and performing inadequate procedures on the basis of inaccurate or ignored investigative information. It is essential to have accurate initial information to choose the proper procedure—an autopsy, an autopsy with special dissections, an external examination, or a sign-out—and accurate initial and follow-up information to reach the proper opinions and conclusion about a death.

Since this is true, then the new chief better pay close attention to the individuals who serve the office as medical examiner investigators. The chief must choose them carefully and train them well.

I recognize that there are offices that do not rely on investigators in house. They would rather rely on the local sheriff or other law enforcement agency to do their investigations. I also recognize that law enforcement can play a very important role in a death investigation. There are some jobs that only they should do, such as notifying the next-of-kin of a death. I believe, however, that coroners and medical examiners must train investigators who work solely for them. Law enforcement investigators focus on law enforcement issues. Frequently if there is no crime committed, deputy sheriffs and police officers quickly lose interest in the death investigation. We need to have investigators working for us who are interested in the issues we need to address and are

willing to find answers to the questions we ask. We need investigators who are accountable to us and trained by us if we hope to do a good job as a chief medical examiner.

Many pathologists are quick to express opinions about the types of training and the backgrounds that make the best lay death investigators. Some believe nurses make the best medical examiner investigators. Some believe that only individuals with a law enforcement background will fit the bill. Some want to rely on physician assistants.

Since there are no set prerequisites or college courses required for death investigation, medical examiner death investigators come from all these different backgrounds. In my former office, some investigators had law enforcement backgrounds, some were paramedics, some had forensic science training, some were crime scene technicians, some were medics in the military, some worked for the government in the department of social services, and some worked in funeral homes. I never worked with nurses or physician assistants, although I could see how their backgrounds could help—if one could afford to hire them on a county salary.

I believe the diversity in training of these investigators enhanced the work of the office as a whole. Each brought their individual perspective to death investigation challenges. They supported the varying needs of the office in their own ways. Some were excellent at deciphering and interpreting medical records. Some were excellent photographers. Some had excellent computer skills. Some were excellent at evaluating human skeletal remains. No one person can possess all of these skills, so a variety of skills are good.

Although diversity in training and experience is good, I believe all investigators should have certain characteristics in common: all must possess good investigative judgment, all must possess common sense, all must be incredibly curious, and all must like what they do. These characteristics do not necessarily emerge with training. The investigator candidate brings these characteristics with him or her to the job. The chief must discern the extent of these characteristics in each of his or her investigators.

While serving as a chief medical examiner, I carefully studied each of my investigators. Particularly with follow-up investigations, I sized up each job and gave it to the particular investigator I could trust to do outstanding work. I also carefully scrutinized the investigators in training, assessing to what degree they could do certain investigative tasks. As I described in the previous lesson, it was a pleasure to see their talents emerge as they handled each new investigative challenge.

The chief medical examiner must be freely willing to share his or her thinking and time. The investigators need to know what the chief is thinking and why he or she thinks that way. The investigator needs to know what questions the chief has. The investigator needs to know how the chief approaches getting the answers. The chief should also sense when the investigator has done as much as can be done. If not enough has been done, the chief needs to keep asking.

Eventually, the investigators in time will think about issues the way the chief thinks about them. They will anticipate the questions that are asked. They will also learn the items that do not interest pathologists. Eventually, the investigators will

professionally become an extension of the chief. More about this will be covered in the next lesson.

## **Lesson 15: Invest your investigators with authority and power at the death scene.**

The last lesson emphasized the importance of the work of the medical examiner investigator. We must rely heavily on these individuals because so much of what we learn as forensic pathologists comes from the history and the death scene—not the autopsy. Visiting death scenes is time consuming, so it only makes sense to allow investigators to become our eyes and ears at the death scene rather than personally visiting it (more on that later).

It is right and necessary that we place reliance and heavy responsibility on those who serve as medical examiner investigators. Alternatively, it is also right that they should rely on us to provide them with support when they investigate for us.

Law enforcement agencies are accustomed to being in charge at the death scene. They provide the security at the scene, and they have a societal mandate to learn what happened so that they can make an arrest or arrests. Consequently, it is only natural for police officers to act like the “big dog,” telling all who are present who can come and go, who has access to the body, and who has access to the information about the crime.

Shortly after I arrived in Kansas City, police officers were not accustomed to allowing medical examiner investigators access to very much. The police officers did not consider the job of the medical examiner investigator as important as their job. The medical examiner investigator was not afforded the respect that was his due, in spite of



the fact that the law gives jurisdiction of the body and the items associated with the body to the medical examiner.

On the other hand, law enforcement officials considered my job and title as important. They could not do their job adequately if I did not do a good job, particularly in cases where the cause of death was at issue. Also, the title, doctor, carries a sense of mystique and awe. I noted this with amazement a few days after graduating from medical school. Previously, before graduation, nurses, patients and other personnel treated me with disdain. Once I earned the title of doctor, that disdain was replaced with respect and even awe. This is no different with police officers. The doctor is held in high respect.

Having that level of respect may have both advantages and disadvantages. Certainly, the advantage of having the important title allows one privileges not granted to others without it.

If you, as a chief medical examiner, want to do a good job, you will allow the medical examiner investigators who work with you the benefit of that authority.

How is this done?

When my investigators were treated disdainfully at first, I instructed them not to enter into any dispute at the crime scene. I told them to write down the name of the officer and his badge number and report the affront to me. Later, I communicated to the police officer's supervisors how offended I was that my investigator was treated poorly.

The poor treatment happened once, maybe twice. Then it never happened again. Until the time I left my position, medical examiner investigators in my office never had

any problem with access to the body at the crime scene. In fact, we entered into a joint agreement with the police department about our respective roles at the scene. This document, in my opinion, is an example of how two agencies should optimally cooperate.

The medical examiner investigator and others who work with him or her should understand that he or she is an extension of the chief. It should be as if the chief medical examiner were at the crime scene. You as a chief should demand for your investigator the same kind of respect you demand for yourself. Your job is too important, and that makes their job too important also. Why should you deprive yourself of the best quality of information and the best access to it?

The role of the medical examiner investigator at the crime scene is every bit as important as that of the law enforcement officer. Justice begins with the death investigation and consequently with the medical examiner investigator. Injustice flourishes when the medical examiner investigator is not allowed to do the job effectively.

## **Lesson 16: Have investigators do most of the external body examinations.**

Just as a physician uses physician extenders such as physician assistants and nurse practitioners, the chief medical examiner can also use medical examiner investigators as physician extenders. Certainly, the investigator saves time and expense by routinely visiting death scenes instead of a pathologist, but I have discovered that the investigator may also save additional time and money by doing most of the external body examinations.

External body examinations are simply inspections of the outside of the body without the incisions of a medicolegal autopsy. The intent of the external body examination is to rule out any evidence of suspicion for foul play prior to releasing the body to the funeral home for embalming, cremation or burial. The investigator also obtains specimens for toxicology through needle puncture during the body examination.

Most offices require pathologists to do these body examinations. The pathologists in some offices routinely examine bodies prior to issuing cremation permits. Some offices charge money for these examinations. The office where I trained in Atlanta considered it unthinkable for anyone other than a forensic pathologist to examine a body.

I discovered upon taking the chief job in Kansas City that investigators here were accustomed to performing external body examinations. They learned to do these out of dire necessity during a time when they could not find a capable pathologist. I observed

them as they did these procedures. They did them well, so I did not see any reason to prevent them from continuing. After 11 ½ years, I found no problems with their work.

Recently, my deputy medical examiner and I reviewed 150 consecutive body examinations performed by investigators. We followed each of their examinations with our own examinations of the bodies. We found no major discrepancies that might result in an error in the determination of cause and manner of death. Although different examiners might note small items in different ways, no significant findings were overlooked.

Allowing medical examiner investigators to perform most of the body examinations in cases where an autopsy would not be performed saves the office time and expense and adequately allows a proper examination of each dead body for subtle suspicious findings. There are several reasons for this.

First, the investigator in most cases has already viewed the body at the death scene. He or she is aware of the context where the body was found. He or she is privy to the information surrounding the death. Allowing the death investigator to perform a careful body examination at the morgue under bright lighting and after removing the clothing only further amplifies the information he or she already obtained. The pathologist, on the other hand, does not have the first-hand information that the investigator possesses, nor has the pathologist viewed the body at the scene. Although the pathologist has more medical training, he or she does not have the context that the investigator has. The knowledge base of the investigator also allows him or her to evaluate a body for the few findings that are suspicious in the medicolegal context, such

as conjunctival petechiae, neck abrasions, stab wounds, gunshot wounds, or other external injuries involving the body surface or the body orifices.

Secondly, since the investigator does not have as high a salary as a pathologist, the time expended then becomes more cost effective for the local or state government.

Thirdly, allowing the investigator to examine bodies in non-suspicious cases allows the pathologists time to focus on the more important and significant cases, particularly those cases requiring autopsies.

In my office, medical examiner investigators performed most of the external body examinations but not all of them. I required pathologists to perform certain external examinations. All decomposed bodies, for example, had to be examined by pathologists. A trained forensic pathologist evaluated the changes from decomposition that are often either mistaken as injuries or the subtle violent injuries that are often masked by decomposition. Also, pathologists examined victims of gunshot wound suicide in cases where the self-inflicted nature of the injury was amply documented and the recovery of a projectile from the body was not required.

Although pathologists in my office dictated reports on all of their examinations, the medical examiner investigators performing body examinations simply filled out a worksheet that provided prompts for each of the items they were to look for. We retained those worksheets in each file.

Also, medical examiner investigators became adept in performing needle punctures to obtain specimens. They developed and maintained a skill that proved useful for them professionally.

I instructed each investigator to notify the pathologist on call of any finding that he or she could not explain or interpret. If they had any questions at all, I encouraged them to speak to the pathologist on call. At no time were these investigators belittled for anything they did not understand. All felt free and comfortable to disclose any item.

Allowing medical examiner investigators to perform external body examinations expands their usefulness as physician extenders.

## **Lesson 17: Do not routinely send pathologists to scenes.**

Please allow Dr. Young to skewer a sacred cow!

For as long as I can remember—even from before I can remember—forensic pathologists have always stressed the importance of visiting the death scene personally. Back in October 11, 1956, for example, Dr. Alan R. Moritz delivered the Ward Burdick Award Address at the annual meeting of the American Society of Clinical Pathologists, entitled “Classical mistakes in forensic pathology.” An article that transcribes the speech lists each mistake. Under the heading, “The mistake of not examining the body at the scene of the crime,” Dr. Moritz explained:

“Almost without exception, the various experienced forensic pathologists who contributed suggestions for the preparation of this review stressed the mistakes likely to occur if the pathologist does not observe the body at the scene, and prior to disturbance of the body or its immediate environment... In many instances of death by unexplained violence, it is a fact that appreciation of the full significance of the autopsy findings may depend on evidence that may be obtained only at the scene, and before the body has been moved. Not only may the evidence required for evaluation of the postmortem findings exist only at the place where the body was originally found, but its potential significance may be apparent only to a medically trained person. Thus, in view of the pathologist’s knowledge that the fatal injury was immediately incapacitating, it may be apparent to him that someone other than the dead person must have moved the weapon, must have

rearranged the bed clothing, or must have left a trail of blood on the floor. A great deal of this type of evidence may be preserved by adequate photography. Frequently, however, the evidence at the scene is of such a nature that it should be examined by the pathologist in its original state if it is to be correctly evaluated.<sup>9</sup>

Even a recent textbook in forensic pathology advocates that pathologists visit scenes of death:

“The purpose of having the pathologist attend the death scene is severalfold. By viewing the body in the context of its surroundings, the pathologist is better able to interpret certain findings at the autopsy such as a patterned imprint across the neck from collapsing onto an open vegetable drawer in a refrigerator. The pathologist is also able to advise the investigative agency about the nature of the death, whether to confirm a homicide by a specific means, evaluate the circumstances to be consistent with an apparent natural death, or interpret the blood loss from a deceased person as being more likely due to natural disease than to injury. This preliminary information helps the investigative agency to define its perimeter, structure its approach, organize its manpower, secure potentially important evidence, and streamline its efforts. Last but not least, the opportunity to meet at the scene initiates the collegial working relationship between the pathologist and the detective/investigator, and promotes interagency rapport as both professionals strive to solve the medical mystery of why that particular person died at that particular time, under those particular circumstances.<sup>10</sup>



In several jurisdictions, pathologists are required to appear personally at certain death scenes. Much of the time, they attend scenes where a homicide is evident or suspected. In some forensic pathology training programs, the forensic pathology fellow essentially acts as the scene investigator. After responding to a scene at 2 AM, he or she may then be required to perform the autopsy at 8 AM that same day.

Please do not misunderstand me. When it comes to the importance of scene investigation for determining cause and manner of death, I am a “true believer.” I, too, have seen how viewing an autopsy without being aware of findings at the scene can lead to wrong answers. I agree with Dr. Moritz when he says, “In many instances of death by unexplained violence, it is a fact that appreciation of the full significance of the autopsy findings may depend on evidence that may be obtained only at the scene, and before the body has been moved.<sup>1</sup>” In fact, I believe trainees in forensic pathology should visit numerous scenes during their fellowship year, particularly on cases where they will perform the autopsy.

I just do not believe that in the great majority of the cases the staff pathologist has to witness the scene personally to derive benefit from the information at the scene.

When Dr. Moritz was alive, pathologists did not send trained medical examiner investigators to scenes. They did not exist as they do today, as far as I know. Also, pathologists did not have ready access to digital images that could be sent by email or wireless web. The pathologist can learn what he or she needs to learn by viewing images of the scene and discussing them with the investigator.

In a busy office, it is important to analyze the cost effectiveness of each employee. Investigators do not do autopsies, so it does not make sense for them to sit in the office without going to scenes. Also, higher-paid pathologists can make better use of their time doing pathology and appearing in court without taking up precious time in transit or standing around at a scene.

Also, I believe the pathologist diminishes the authority of the investigator at the scene. The investigator should be able to do his or her job in the usual way without having to re-ask the same questions asked by the pathologist or by having to learn the information second hand. The investigator should command all the attention. After all, the investigator is the one who has the ingrained habits and is less likely than the pathologist to overlook important information.

In fact, the pathologist's contribution to the death scene investigation is not only negligible if the pathologist has not performed the autopsy but also risky. The pathologist may be tempted to speculate about findings on the dead body that are visualized in poor lighting, only to be embarrassed later when the autopsy performed under better lighting discloses something different. The pathologist does not have the luxury to speculate about evidence at the scene as do the homicide and medical examiner investigators. The pathologists' presence at the scene only tempts him or her to say too much too soon to the wrong people, and the pathologist may be later embarrassed in court about a declaration or opinion expressed after viewing the body under poor lighting in less-than-ideal circumstances.

Even when the forensic pathology fellow visited a scene, I would instruct the fellow to: 1) put hands in pockets, and 2) keep mouth shut. The fellow is at the scene to learn, not to take over the investigator's job.

In my office, the investigators did the vast majority of the scene investigations and the pathologists stayed in the office, even on homicides. I even think that homicides are the least useful scenes to visit. Most homicides are straight forward and do not involve much in the way of scene investigation. There are other kinds of cases where the scene is much more important, but these cases are not predicted ahead of time. How do you know in advance that you will be dealing with a positional asphyxia case, for example?

There are some scenes that I believe it is mandatory for the chief medical examiner to appear. They involve scenes that 1) involve an unusually high profile or involve a very important person, or 2) involve a mass casualty incident. Both of these involve issues that need to be directed to the chief medical examiner immediately from the scene. Also, I instructed my investigators to call me if for any reason they thought I should appear at the scene. I trusted them with that, and they never abused my trust.

I have found that a pathologist is useful in scene investigations performed after the autopsy. The pathologist is then better able to compare and explain scene and autopsy findings. Certainly, these situations occur only once in a while and not as a routine.

Allowing the investigator to be the "go to" person at the scene and allowing the pathologist the time and adequate rest to perform an optimal autopsy makes it possible for the office not only to run efficiently but also to guarantee the most accurate results.



## **Lesson 18: Use computers and technology to save time and money.**

This lesson is counterintuitive to many people, particularly many chief medical examiners, politicians and appointed governmental employees in charge of budgets.

So many medical examiner offices in this country have so little access to some of the modern technology we enjoy today. Adequate computerization of office data, for example, seems like a luxury that we cannot afford. We do not think that these “luxuries” can actually save the government money.

Rather than spend money on fancy gadgets, many believe that what an office needs to do with their scarce resources is to hire more people. If an office falls behind in autopsy reports or the completion of death certificates, many are quick to blame these problems on inadequate personnel.

Perhaps it is time to view these issues a little differently.

The most expensive commodities in the medical examiner office are human beings. Hiring additional personnel is the most expensive solution to any workload problem. Not only do additional salaries need to be funded, but also benefits such as health insurance and pension plans need to be paid for. Also, human beings need to go on leave

periodically, and they also get sick. Personnel problems also take up an inordinate amount of time to solve.

Computer hardware and software require money for the initial purchases, for upgrades, and for maintenance and repair, but they do not have nearly the costs associated with them that humans have. Computers do not require vacation leave, sick leave, or family and medical leave. Although some computer problems may be thorny, they do not present as many difficulties as most human beings. Also, computers can perform certain tasks much more efficiently than humans, particularly the tasks of adding, remembering, retrieving and sorting data.

Computers improve the cost/benefit ratio of the office. They decrease the costs of operating the office by saving time and money, and they increase the benefits by minimizing mistakes and by allowing the provision of services in a timely manner.

Yet we think of computerizing the office data as a luxury we cannot afford. I have found instead that computers will allow you to do more work with fewer people.

During my tenure as a chief medical examiner, we not only set up a computer network for the office but we also had an expert design the database program. Developing a database program tailored for the office can be done easily and inexpensively. We also improved

the function of that program with time and upgraded our hardware and software continually, all at a fraction of the cost of hiring additional personnel.

I am no computer expert. I do not pretend to keep up with the latest in computer technology, but I have learned through experience that many computer applications now readily available can be implemented with great effect and little cost.

I was amazed, for example, at how utilizing voice recognition software for autopsy dictations not only saved time but also saved the office much money. Although this technology is not perfect, improvements on it are made all the time. Other new applications are being made available all the time.

The problem is, I believe, that implementing technology solutions requires thinking ahead. It requires anticipation at budget time as the chief considers future needs. Too many chief medical examiners do not think ahead, so when the services begin to slide, they scream for more money to hire additional personnel. Certainly, computers do not perform autopsies, so computers are not the total answer when the workload increases. Still, it is much easier to do more with less when an efficient computerized system for data handling is functional and in place.

The chief medical examiner should provide a vision for applying new technologies to the medical examiner setting.





## **Lesson 19: Digital photography is a boon to modern death investigation.**

In the last lesson, I wrote, “The chief medical examiner should provide a vision for applying new technologies to the medical examiner setting.” Although that lesson dealt mostly with computers, there is one technology that has brought about, in my opinion, a seismic shift in death investigation. That one technology is digital photography.

Combined with the expertise of a well-trained lay death investigator, digital photography transports the pathologist and medical examiner to the death scene in a fashion not heretofore seen. No longer do we need to wait for photographic images to be developed. No longer do we need to rely on crude Polaroid photographs. Digital photography allows professional quality images of a death scene to be available immediately for viewing.

This is huge.

One of the major weaknesses in death investigation has been the separation of the pathologist from the scene of death. Environmental factors play such a heavy role in the kinds of cases we investigate as forensic pathologists, yet before digital photography—unless we visited the scene personally—we had been denied immediate access to the kind of information that we need at the time of autopsy. A picture is indeed worth a thousand words. Although the investigator can describe what he might observe in a few words, it

is no substitute for the availability of digital images. Now the pathologist can view the images immediately, even before performing an autopsy.

Digital photography also allows the acquisition and storage of numerous images very inexpensively. Today's computer networks allow the electronic storage of these images without the costs associated with photograph development and physical storage. With every backup and every transfer to a different digital storage medium, the data from these images can be maintained readily and indefinitely, on-site or off-site. There is no longer a concern for deteriorating photographs, except for those taken before today.

With the database program we developed when I was a chief medical examiner, we were able to store and view the photographs with each case in the database immediately. Time-consuming trips to the file room were no longer necessary.

Law enforcement officers with concerns about a particular case also could send me their digital photographs by email or on a CD. No longer did we have to rely on their photography department to develop and to send me their prints. I could evaluate the issues much more quickly.

I realize there are some pathologists who prefer the old style of photography, particularly for court cases. Some of the photographic aesthetes among us also prefer the quality they

perceive in old school photographs. Also, they may surmise, “Are not digital images more readily altered than conventional photographs?”

Any image can be altered, digital or otherwise. The pathologist or any witness is only required to testify that the images truly and accurately reflect what he or she saw. Also, the computer program can document any type of photo alteration that might be made on the system. I have never found the admission of digital images in court to be a problem.

Regarding the aesthetic qualities, I will leave that issue for those who care because I do not. I just want readily available images of more than adequate quality, and digital photographs allow that.

The availability of digital images for teaching, particularly with PowerPoint, is amazing. Digital photography has revolutionized the way we teach.

For the future, I envision forensic pathologists performing autopsies in centralized morgue facilities while trained medical examiner investigators perform scene investigations in more rural areas. They can transfer their information to the central facility via email or over a private network on the web. With that information, digital images of the scene, now made immediately available by this amazing technology, could accompany the investigative report. In light of an ever present shortage of forensic

pathologists, this would allow a much more efficient way to conduct the important work of death investigation, even at long distances.

## **Lesson 20: Contract with outside forensic pathologists for coverage.**

As forensic pathologists, we are members of a small subspecialty with a marked manpower shortage. Consequently, a pathologist leaving a small office for other employment can precipitate a crisis.

I have found myself subject to this kind of crisis more than once during my tenure as a chief medical examiner. Pathologists and deputy medical examiners coming and going are facts of life.

Replacing that departing pathologist also becomes a monumental challenge. I found out the hard way that no one wants to move to Kansas City, in spite of the fact that it is a wonderful place to live and to raise a family. Forensic pathologists seem to prefer living on the east or west coasts. As a result, I had covered the office by myself for long periods of time.

During a period of shortage, some may ask pathologists (or even non-pathologists) without proper training or credentials to do autopsies. This is dangerous. One cannot anticipate when a case will be critically important, requiring more expertise. The maxim, "A little knowledge is a dangerous thing," could not be truer. A pathologist without the proper training may not recognize when he or she is in trouble and needs help.

Also, covering an office for long periods of time can lead to fatigue and then mistakes. After one long stretch of several months as the only pathologist in the office, I warned my investigators and other office staff to keep a close eye on me. I wanted them to tell me freely if they felt I was overlooking important evidence or taking short cuts. A failure to "sharpen the saw"--a term used by Stephen Covey to describe the importance of rest, recovery and recreation--may lead to serious mistakes.<sup>11</sup>

What does a chief medical examiner do to cope with a shortage of pathology help in the office?

As with most items, the capable and qualified chief medical examiner thinks ahead—way ahead. The chief looks for other capable and qualified forensic pathologists from elsewhere to serve the office in a *locum tenens* capacity.

Forensic pathology is a low-paying specialty, so many of our colleagues are in search for additional income. Some save up vacation and "comp" time to allow themselves time to "moonlight." Providing an opportunity to make money—good money—is a way to provide a "win-win situation"—another Stephen Covey term--for both the chief needing help and the pathologist wanting extra income.<sup>6</sup>

Providing this type of part-time income is also a way to stave off having to add another full-time pathologist to the staff, even when the office is nearly fully staffed. A part-time

pathologist under contract does not require county benefits, so the county government saves the money it would ordinarily pay in benefits. Even if your government were to pay for the airline ticket, the hotel room, the medical license, and even malpractice insurance for the *locum* pathologist, it would still save money in the end by not having to pay for benefits.

The chief who thinks ahead looks for pathologists he knows at professional meetings and provides the opportunity in advance. The chief should do this before the manpower shortage occurs.

Certainly, it is important to evaluate the candidate in the same fashion as if he or she was a candidate for a full-time position. An interested *locum tenens* forensic pathologist should forward a CV and references to you if you do not know him or her well. Even if you do, it is helpful to maintain his or her professional information in your file.

In Missouri, I had often testified in court from autopsy reports performed by a contract pathologist, saving the county the expense of having this pathologist appear in court.

This arrangement always worked out well for both the prosecutor and the contract pathologist. I realize that not all jurisdictions make it easy for a pathologist to testify from the report of another pathologist, but I have always been surprised at the lengths a prosecutor will go to keep from spending money.

Contracting with outside forensic pathologists for coverage saves money, encourages good will with other colleagues, and provides the beleaguered chief medical examiner help during a manpower shortage.



Lesson 21: Buy a dishwasher.

Those who have reviewed my list of 22 lessons have often stopped to comment on the title of this penultimate lesson. It raises questions in their minds. Why does a morgue need a dishwasher? And why write about a trivial item like this?

Perhaps it is helpful, for those who are interested in lofty themes, to consider an automatic dishwasher as a metaphor for something else—perhaps for something seemingly more important than clean instruments.

But they would be wrong.

Frankly, I do not believe there are many items more important than clean instruments, clean floors, clean cabinets, and a clean morgue. There is nothing worse than a neglected morgue. Blood and tissue on instruments, floors and cabinets should not remain for long after autopsy dissections are complete. They should not present a health hazard for those who work in or visit the office.

Those who have worked for me know how particular I am about the cleanliness of the environment we work in. Frequently, I make tours by myself through the morgue area looking for gunk on instruments, floors and cabinets. If I see autopsy aides or others

sitting around and doing nothing when there is any amount of biological material on instruments, floors, or cabinets, I will ask them to clean.

Still, if I demand that kind of cleanliness, it is only fair and right that the office provides the kinds of time saving devices we enjoy at home, including an automatic dishwasher.

My chief investigator, Ron Brasfield, and I decided one day that it would make sense to buy a portable dishwasher for the morgue. I was not satisfied with the cleanliness of the instruments, and we felt an automatic dishwasher using a detergent with bleach would do a better job than washing instruments by hand.

We were right. A dishwasher in the morgue works just as well as your automatic dishwasher at home.

When expanded our morgue space a couple of years later, we made provision for a built-in dishwasher. The dishwasher we purchased is the same type used in large restaurants. It works wonderfully well.

Besides knives, scissors and other instruments, the dishwasher can wash non-instrument items. We all used to wear special shoes in the morgue that we could easily clean and put on. After removing the linings, these shoes can be washed in the dishwasher. I do need

to warn you: do not ever wash in the dishwasher the plastic dish that comes with the pediatric weight scale. It will warp in the heat.

I have never seen another morgue with a dishwasher. Hopefully, you and others will read this lesson and buy automatic dishwashers!

Lesson 22: You can never say “thank you” enough.

Hopefully, we have learned from the past twenty-one lessons that a successful chief medical examiner has certain character qualities and attributes.

The successful chief is courageous and full of integrity, demanding what is due and ready to leave the job if asked to do something wrong or harmful.

The successful chief is frugal and fiscally smart, spending government funds and earning money for the office in a way that taxpayers would approve.

The successful chief is a visionary, always anticipating what lies ahead.

The successful chief is patient and willing to move slowly at first after accepting a new position.

The successful chief is a positive person who accepts responsibility for flaws in the system rather than seeking to berate others.

The successful chief maintains a low profile and is humble enough to allow others to help.

All of these attributes are important, but this lesson covers the most important attribute.

Above all other attributes, the successful chief must have the ability and capacity to utter sincerely two simple words.

Thank you.

Why is something so seemingly simple and ordinary so important? The answer to this is also simple but paradoxically also incredibly profound. The chief medical examiner's ability and capacity to say "thank you" over and over again to the people working in and outside of the office shows that the chief understands. He or she "gets it."

The men and women who work in a coroner or medical examiner office are unsung heroes. They willingly work in an environment with health hazards and bad odors. An unknowing lay public often considers what they do with a combination of disdain and unwanted morbid fascination. Those in society who are comfortable and happy do not recognize what these men and women do. Those who are suddenly bereaved angrily descend upon coroner or medical examiner staff over the telephone or in person, often looking not only for answers but also for ways to manipulate through their grief. Too often, too many people look for ways to benefit financially from death, and too often, the medical examiner investigators, autopsy aides and clerical staff are subjected to these manipulations. Although people who respond to disasters are subject to intense stress as

they try to help in a crisis, people who work for a coroner or chief medical examiner have to endure similar stress over a long period of time.

Yet they do so without complaint. They do not respond angrily at the bereaved because they recognize when people are going through the worst time in their lives. So many who work for a coroner or medical examiner are kind and professional under all kinds of circumstances. They choose to do the work they do when they could be doing something else because they care about people—even people who do not behave well and who do not recognize their sacrifices.

We all know that “money equals appreciation,” yet these men and women do what they do for very little. They have often asked me for a raise, but I also sense that they need from me something more than a raise in pay, as nice as that would be. They need to sense from me that what they do is important and necessary. They need to sense that someone appreciates their hard work and their dedication, even though they work willingly without that appreciation.

It costs the chief medical examiner nothing when he says “thank you” to these unsung heroes, yet it motivates the caring people who work for that chief. It is like receiving a tall, cool glass of water when you are thirsty.

Unfortunately, the foolish chief may become lazy and careless. The foolish chief may think of people as indentured servants who exist to satisfy his or her needs. Foolish chiefs may become so preoccupied with personal concerns that they fail to recognize those who play vital supporting roles.

Volunteer organizations rely on banquets and special ceremonies to thank those who donate time, effort and money because these organizations realize they would not accomplish much without dedicated people. Leaders of government agencies may take for granted the hard work and dedication of their employees because employees are salaried, yet receiving a salary is no guarantee for devoted, professional service. We have endured the lackadaisical attitudes of too many in government to believe that. If you as a new chief medical examiner hope to do better than most government agencies, you would do well to learn to say “thank you” as often as you can.

When I mention saying “thank you” often, I am not recommending a recital of words without sincere understanding and appreciation. Those words are not a talisman to be used for its magical power. They are to be uttered sincerely and truthfully at appropriate times and places. They are to be spoken in group settings and to deserving individuals.

For example, at the conclusion of office meetings, I would take the time to thank everyone for their dedicated service and professionalism. I would acknowledge that I could not do what I did so well except for the fact that they do what they do so well.

I also believe an “attitude of gratitude” expressed to others and particularly to God also enlarges our hearts and our characters. We learn and we grow as we recognize how fortunate we are to be alive, to be able to do what we love to do, and to be able to serve in such an important way.

With that in mind, I want to say “thank you” to you, the reader of this treatise, for taking the time to consider what I have written. I hope as you consider your role as a chief medical examiner that you will be able to learn the same lessons and derive the same blessings as I have over my career.



## Acknowledgements

I did not learn what I know in a vacuum. So many have contributed to the enlargement of my knowledge and experience as a leader and a chief medical examiner. Although I could not possibly exhaust all of the people in my life who have played a role, I would like to acknowledge some of those who have helped me along the way.

I am grateful to the following people, listed from present to past.

The men and women I worked with in the Office of the Jackson County Medical Examiner. They made it a joy for me to come to work in the morning, just for the opportunity to be with such wonderful people.

Former Jackson County Executive Katheryn Shields, members of her administration, and members of the Jackson County Legislature for their support of the medical examiner office.

Forensic pathologist colleagues from present to past who have taught, helped and encouraged me: Matthias Okoye, Thomas Gill, Miguel Laboy, Chase Blanchard, Sam Gulino, Saleh Zaki, Randy Hanzlick, Gerald Gowitt, and Irving Root.

The United States Air Force for exposing me to leadership and management at the start of my career.

The faculty of the Department of Pathology and my teachers at the Loma Linda University School of Medicine, Loma Linda, California for teaching me pathology and medicine.

My piano teachers, Raymond Murphy and Anita Norskov Olsen, for teaching me the discipline and attention to detail that comes through practice of a musical instrument.

My brothers--Daniel and Benjamin Young--and my sister--Susan Crawford-- who have loved and encouraged me over many years.

My parents--William and Mary Young--who taught me, among many other life lessons, the importance of standing up to a bully and the wisdom of fighting him in front of the principal's office shortly after school.

My children--Michael, Miriam and Richard--who make me proud.

My dear wife, Yara, for her constant support, wisdom and love.

Almighty God who gives me wisdom[1], sustains me through both good and trying times,  
and gives me hope of life beyond the grave.

\_Through many dangers, toils and snares,\_

\_I have already come;\_

\_'Tis grace hath brought me safe thus far,\_

\_And grace will lead me home[2].\_

fn1. James 1:5. The Holy Bible.

fn2. Newton J. Amazing Grace (4th verse). 1779.

<sup>1</sup> Luke JL: "Disadvantaged" Medical Examiner Systems. Some Thoughts on Maintaining Standards Worthy of the Public We Serve. *Am J Forensic Med Pathol* 15(2): 93-94, 1994.

<sup>2</sup> Root I: "Forensic Pathology – Catch 22. A No-Win Situation(?). *Am J Forensic Med Pathol* 7(3): 237-240, 1986.

<sup>3</sup> Heller J. *Catch-22*. New York: Simon & Schuster, 1989.

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<sup>4</sup> Sowell T. *Basic Economics*. New York: Basic Books, 2004.

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<sup>6</sup> [http://www.jcookseybono.com/more\\_quotes\\_1.htm](http://www.jcookseybono.com/more_quotes_1.htm)

<sup>7</sup> [http://www.acgme.org/acWebsite/newsReleases/newsRel\\_03\\_23\\_04.asp](http://www.acgme.org/acWebsite/newsReleases/newsRel_03_23_04.asp)

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