

- Policy:** The Office of the Chief Medical Examiner (OCME) is assured adequate supporting services, equipment and facilities to perform autopsy examinations pursuant to DC Code § 5-1403 and 1409.
- Purpose:** To ensure proper post-mortem examination procedures in accordance with the mission of the Office of the Chief Medical Examiner.
- Scope:** The following procedures are to assist Medical Examiner physicians to perform proper post-mortem examinations in a safe and secure environment.

1. GENERAL

- 1.1. The medical examiner is responsible for recognizing and documenting the natural disease and/or injury or injuries which cause or contribute to the death and thus arrive at a cause and manner of death. The medical examiner should approach the decedent and postmortem examination as evidence to be presented in court. This is best accomplished by thorough written, diagrammatic, and photographic documentation of the examination at the time of the original examination. The guidelines presented in the “Forensic Autopsy Performance Standards” published by the National Association of Medical Examiners should be followed in all postmortem examinations.

2. POST-MORTEM EXAMINATION CASE REQUIREMENTS

2.1. Definitions

- 2.1.1. Complete autopsy is defined to include a detailed external examination of the entire body, and an internal examination to include the removal and dissection of all thoraco-abdominal and neck organs, opening the head with the removal and examination of the brain.
- 2.1.1.1. Autopsy reports are to be completed on every autopsied case
- 2.1.1.2. Autopsy reports should be clear, concise, and easily interpretable by other medical professionals.
- 2.1.1.3. Both body diagrams and photographs (digital) shall be used to further document significant injuries.
- 2.1.2. External examination is defined as a detailed description of the decedent’s remains including scars, surgical incisions, medical devices, tattoos, etc. No internal cuts are made on the body and no organs are examined.
- 2.1.2.1. External examination forms are to be completed on every external examination case
- 2.1.2.2. Both body diagrams and photographs (digital) shall be used to further document significant injuries.

2.1.3. Partial autopsy is defined as an examination that forgoes any part of the defined complete autopsy, e.g. not opening any of the body cavities or not examining organs or examining in situ.

2.2. Cases for Complete Autopsy

2.2.1. A complete/full autopsy examination shall be the standard of care at the Office of the Chief Medical Examiner.

2.2.2. The following list are cases where complete autopsy examination is mandatory unless an exception is made by the Chief Medical Examiner or Deputy Chief Medical Examiner:

- Homicide or suspicion there of
- Unexplained deaths of children
- Suicides or suspicion there of
- Any accidental death in which the injuries are not completely documented/controversial to explain the cause of death by hospital
- Drowning
- Possible substance abuse or poisoning
 - (unless delayed in hospital without adequate hospital specimen for testing)
- Deaths in police custody
 - Pre-custody or in-pursuit
 - In-custody
 - Incarceration
- Deaths related to workplace injury
- Unexplained deaths of wards of the city where the decedent died in the District of Columbia
- Thermal injuries
- Fetal deaths related to maternal trauma, substance of abuse, unexplained and extramural deliveries
- As necessary for identification of the body
- Whenever deemed necessary to determine cause and manner of death
- Cases in which the US Attorney's Office or the Office of the Attorney General or the OCME General Counsel requests an autopsy be performed
- Charred and/or skeletal remains

2.3. Cases for External Examination

2.3.1. External Examinations may be performed in cases involving

- Individuals over 60 years of age with benign circumstances
- Non-homicidal trauma cases with prolonged hospital course and well documented diagnosed disease/injury/circumstance to cause death.
- Valid concerns of safety for autopsy personnel (i.e. danger of infection, chemical exposure) as permitted without compromising the fulfillment of the OCME mission.
- There is a religious objection as permitted without compromising the fulfillment of the OCME mission
 - Must be approved by the Chief Medical Examiner or his/her Deputy Chief.
- Delayed substance abuse or poisoning with adequate hospital specimen for testing
- In hospital incarcerated decedent with well documented diagnosed disease and circumstance to cause death
- In hospital workplace related injury with well documented diagnosed injury and circumstance to cause death
- Thermal injuries documented by hospital and non-suspicious/controversial circumstances

2.4. Cases for Partial Autopsy

2.4.1. Partial autopsies must be approved by the Chief Medical Examiner or Deputy Chief Medical Examiner

2.4.2. May be performed when

- There are valid concerns of safety for autopsy personnel (i.e. danger of infection, chemical exposure) as permitted without compromising the fulfillment of the OCME mission.
- For the purpose of retrieving evidence for identification
- There is a religious objection as permitted without compromising the fulfillment of the OCME mission

2.5. Objections to Autopsies (Including Religious Objection)

2.5.1. No consent of the next of kin is required for an autopsy to be performed under these circumstances, nor will preference or religious affiliation affect the medical examiner's decision to perform an autopsy.

- 2.5.2. If an objection to autopsy is expressed by the family/next of kin, either by phone, correspondence (written, facsimile, electronic mail), or in person, the name, address, relationship to the decedent, contact phone number and the method of contact must be documented in Case Management System (CMS).
 - 2.5.2.1. In the performance of its duty, the OCME will record family preference. When an objection to an autopsy is expressed, an **Objection to Autopsy Report** produced by CMS, must be included as part of the case file.
 - 2.5.2.2. The reason for expressing objection (i.e., religious beliefs, religious affiliation or other) to the autopsy must be documented in CMS.
 - 2.5.2.3. Any written correspondence, facsimile and a printed copy of electronic mail expressing objection to an autopsy must be attached to the **Objection to Autopsy Report** for placement in the case files.
- 2.5.3. Copies of the **Objection to Autopsy Report** produced for all deaths occurring over the previous 24 hours must be available as part of the case file for review by investigative and/or medical staff, in the Identification Unit by 0800 hours each day.
- 2.5.4. All objections to autopsy must referred to the Chief Medical Examiner, Deputy Chief Medical Examiner, Deputy Medical Examiner, Director of Forensic Investigations, medical investigator on duty and/or assigned to the case, for notification/review of the case file.
- 2.5.5. Final decisions/dispositions concerning whether or not an autopsy will be performed is to be made by the Chief Medical Examiner or Deputy Chief ME.