

**REPORT OF THE
VIRGINIA STATE CRIME COMMISSION ON**

**THE NEED FOR A LAY MEDICAL
INVESTIGATOR SYSTEM**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 65

**COMMONWEALTH OF VIRGINIA
RICHMOND
1998**



COMMONWEALTH of VIRGINIA

VIRGINIA STATE CRIME COMMISSION

General Assembly Building

Richmond, VA
23219

December 16, 1997

MEMBERS:

FROM THE SENATE OF VIRGINIA:

Pat D. Howell, Vice Chair
Mark L. Earley
Kenneth W. Stolle

FROM THE HOUSE OF DELEGATES:

Clifton A. Woodrum, Chairman
James F. Almond
Jason W. Cunningham
John J. Davis, III
R. Craig DeWitt
Raymond R. Guest, Jr.

APPOINTMENTS BY THE GOVERNOR

Robert C. Bobo
Jerry W. Hawkins
Robert J. Humphreys

ATTORNEY GENERAL'S OFFICE

Richard Cullen

To: The Honorable James S. Gilmore, III and
Members of the Virginia General Assembly:

House Joint Resolution 578, agreed to by the 1997 General Assembly, directed the Virginia State Crime Commission to conduct a study on the need for a lay medical investigator system and to submit its findings and recommendations to the Governor and the 1998 session of the General Assembly.

In fulfilling this directive, a study was conducted by the Virginia State Crime Commission in 1997. I have the honor of submitting herewith the study report.

Respectfully submitted,

Clifton A. Woodrum
Chairman

CAW:sbw

MEMBERS OF THE VIRGINIA STATE CRIME COMMISSION, 1997

From the Senate of Virginia:

Janet D. Howell, Vice Chair
Mark L. Earley
Kenneth W. Stolle

From the House of Delegates:

Clifton A. Woodrum, Chairman
James F. Almand
Jean W. Cunningham
John J. Davies, III
R. Creigh Deeds
Raymond R. Guest, Jr.

Appointments by the Governor:

Robert C. Bobb
Terry W. Hawkins
Robert J. Humphreys

Attorney General's Office:

Richard C. Cullen, Attorney General

Research Staff:

Susan Bass Williams, Staff Attorney

HJR 578 - The Need for a Lay Medical Investigator System

TABLE OF CONTENTS

I.	Authority for Study	1
II.	Members Appointed to Serve	1
III.	Executive Summary	2
IV.	Study Design	2
V.	Background	3
VI.	Study Goals/Objectives.....	5
VII.	Findings and Recommendations	5
VIII.	Acknowledgments	12
	Appendix A - House Joint Resolution 578	A-1
	Appendix B - Survey of Commonwealth’s Attorneys.....	B-1
	Appendix C - Survey of Virginia Physicians	C-1

I. Authority for Study

During the 1997 legislative session, Delegate Ward L. Armstrong sponsored House Joint Resolution 578 directing the Virginia State Crime Commission to study the need for a lay medical investigator system. *See Appendix A.*

Section 9-125 of the **Code of Virginia** establishes and directs the Virginia State Crime Commission “to study, report, and make recommendations on all areas of public safety and protection.” Section 9-127 of the **Code of Virginia** provides that “the Commission shall have the duty and power to make such studies and gather information in order to accomplish its purpose, as set forth in Section 9-125, and to formulate its recommendations to the Governor and the General Assembly.” Section 9-134 of the **Code of Virginia** authorizes the Commission to “conduct private and public hearings, and to designate a member of the Commission to preside over such hearings.” The Virginia State Crime Commission, in fulfilling its legislative mandate, undertook the study of the need for a lay medical investigator system.

II. Members Appointed to Serve

At the April 15, 1997 meeting of the Crime Commission, Chairman Delegate Clifton A. Woodrum of Roanoke selected Senator Janet D. Howell to chair the Law Enforcement Subcommittee and Delegate Raymond R. Guest, Jr. to chair the Corrections Subcommittee. The following members were selected to serve on the respective subcommittees:

Corrections

- Delegate Raymond R. Guest, Jr.
- Delegate James F. Almand
- Delegate Jean W. Cunningham
- Delegate John J. Davies, III
- Sheriff Terry W. Hawkins
- Senator Kenneth W. Stolle
- Delegate Clifton A. Woodrum

Law Enforcement

- Senator Janet D. Howell
- Delegate James F. Almand
- Mr. Robert C. Bobb
- Delegate R. Creigh Deeds
- Senator Mark L. Earley
- The Attorney General
- The Hon. Robert J. Humphreys

III. Executive Summary

With assistance from the Office of the Chief Medical Examiner, the Crime Commission formulated its findings based on data collected from surveys and statutory research. The Commission also reviewed information provided by medical schools, state and local agencies and medical examiner systems in other states.

The Commission was able to document the shortage of local medical examiners and the corresponding need for medical investigators in thirty Virginia localities. These findings prompted the Crime Commission to recommend the implementation of a lay medical investigator system. In addition, the Commission decided to direct a letter of support to each of Virginia's medical schools encouraging the inclusion of information about becoming a local medical examiner in the curriculum or residency programming.

IV. Study Design

A. Full Crime Commission Meetings

April 15, 1997

June 17, 1997

November 19, 1997

December 16, 1997

B. Survey of Commonwealth's Attorneys

The Crime Commission surveyed Virginia's Commonwealth's Attorneys to determine the scope of the local medical examiner shortage and to ascertain whether there is a need for a lay medical investigator system in Virginia. *See Appendix B.*

C. Survey of Virginia Physicians

The Crime Commission surveyed over one thousand family practitioners, generalists and internists in localities without adequate medical examiner coverage as identified by the survey of the Commonwealth's Attorneys and in localities identified by the Office of the Chief Medical Examiner as experiencing

inadequate coverage. The purpose of the survey was to determine the reasons that prevent local physicians from serving as medical examiners and to inform them of the shortage of local medical examiners. *See Appendix C.*

D. Study Participants

Dr. Marcella Fierro, Chief Medical Examiner, worked closely with Crime Commission staff to identify the inadequacies encountered in the current local medical examiner system and to develop appropriate proposals for solutions to these problems. Dr. Fierro then presented these proposals to the organizations that would be affected by any changes in the system, including the Commonwealth Attorneys, State Police, chiefs of police and sheriffs. In addition, Dr. Fierro participated in the development of the surveys that were distributed by the Crime Commission to the Commonwealth's Attorneys and to Virginia physicians. Dr. Fierro also contacted the directors of medical residency programs across the Commonwealth to inform them of the shortage of local medical examiners and to elicit their support. Finally, Dr. Fierro contacted each of the physicians who indicated on the Crime Commission survey that they would be interested in more information about becoming a local medical examiner.

V. Background

The Virginia Office of the Chief Medical Examiner (OCME) is the second oldest statewide medical examiner system in the nation. It was established in 1946 as a result of the cooperative efforts of the Medical Society of Virginia and the Virginia Bar Association.

Located within the Department of Health, the OCME derives its authority from **Code of Virginia** §§32.1-277 through 32.1-288. The OCME assumes jurisdiction over and investigates all sudden, unexpected and violent deaths in the Commonwealth. Physician medical examiners are charged with taking control over the body and making an investigation into the cause of death (i.e., the disease, injury or poison

producing the physiologic death of a person) and the manner of death (i.e., a determination of the circumstances as natural, accidental, suicide or homicide).

Medical examiners receive death notifications, decide jurisdiction, visit scenes, examine bodies and, in cases where autopsy is not required, release remains for burial. In addition, medical examiners sign death certificates, and, in their capacity as public health officials, collect data used to promote the public health. Deaths requiring autopsy are referred to a district medical examiner's office. The medical examiner addresses questions related to what killed the person and how, whereas the criminal justice system addresses questions related to who killed the person and why. In 1995, the OCME investigated 5,456 deaths and performed 2,675 autopsies. Projections for 1997 show an increase in both investigations and autopsies.

The Code mandates that each city and county appoint physician medical examiners. Local medical examiners are appointed by the Chief Medical Examiner upon the recommendation of local medical societies, in response to aggressive recruiting by physicians within the system and when qualified physicians volunteer to serve. Ideally, each city and county should have one or more designated medical examiners to investigate deaths in their jurisdiction.

Local medical examiners are supported by nine board-certified forensic pathologists and the staff of four district medical examiner offices in Richmond, Fairfax, Norfolk and Roanoke. District offices provide consultative, forensic pathology and autopsy services to determine cause and manner of death, to collect medical evidence and to reconstruct the circumstances of death. Official reports are provided to the next of kin, law enforcement officials, prosecutors, insurers, state and federal agencies and other organizations demonstrating a legitimate interest in violent, occupational, sudden, unexpected and/or unnatural deaths. The pathologists regularly testify in the civil and criminal courts of the Commonwealth regarding the autopsy findings and medical evidence therein recovered.

Medical Examiners are paid on a fee-for-services basis upon receipt of a standard report form at \$50.00 per scene visit, \$50.00 for completion of the Report of

Investigation and \$50.00 for review of a certificate of death and examination of any decedent who will be cremated or buried at sea. The information gathered by medical examiners is used not only for medicolegal purposes but is used epidemiologically in death prevention efforts at the local, regional, state and national levels.

VI. Study Goals/Objectives

Delegate Ward L. Armstrong sponsored House Joint Resolution 578 (1997) directing the Virginia State Crime Commission to study the need for a lay medical investigator system. Specifically, HJR 578 requested that the Crime Commission consider the

- need for additional medical examiners in the Commonwealth;
- need for and appropriate use of lay medical investigators in our health system;
- feasibility of implementing a lay medical investigator system;
- difficulties in recruiting physician medical examiners;
- barriers that prevent or discourage physicians from serving as local medical examiners; and
- benefits of introducing service as a Virginia medical examiner into the generalist initiative curriculum in Virginia's Schools of Medicine as an important aspect of physician community service.

VII. Findings and Recommendations

Finding A

A significant number of Virginia jurisdictions are experiencing inadequate medical examiner coverage. Law enforcement officials and prosecutors complain that there are an insufficient number of scene investigations conducted by medical examiners to assess such critical issues as time of death and presence or absence of obvious injury. Due to manpower shortages, scene visits by medical examiners serving adjacent jurisdictions or by Office of the Chief Medical Examiner (OCME) district office personnel are usually not possible. Of the 93 counties and 39 cities in Virginia, there

are presently 16 cities and counties with no local medical examiner. These jurisdictions depend on telephone coverage from adjacent jurisdictions or the district office. Fifteen localities have only one medical examiner, placing a single physician on call 24 hours a day, seven days a week. More than 400 physicians serve as medical examiners, and, in jurisdictions where there are several medical examiners to share the workload, turnover is minimal. However, recruitment has not kept pace with resignations and deaths, leaving many localities without adequate coverage.

Finding B

The Crime Commission surveyed Virginia's Commonwealth's Attorneys to determine the scope of the local medical examiner shortage and to ascertain whether there is a need for a lay medical investigator system in Virginia.¹ With 57% of Commonwealth's Attorneys responding, ten indicated that the number of medical examiners in their jurisdictions is inadequate. Of these, 80% indicated that they would support the implementation of a lay medical investigator system. Overall, only 46.4% of responding Commonwealth's Attorneys indicated support for the implementation of such a program. However, since May 1997 when the survey was first distributed, the Chief Medical Examiner has presented the medical investigator proposal to the Commonwealth's Attorneys, detailing the training that would be required and the duties that would be placed on medical investigators. Subsequently, the Board of the Virginia Association of Commonwealth's Attorneys and the Commonwealth's Attorneys Services Council voted to support the implementation of a medical investigator system.

Finding C

The Crime Commission surveyed over one thousand family practitioners, generalists and internists in the ten localities identified by the survey of the Commonwealth's Attorneys in addition to the twenty localities identified by the OCME

¹ The full text of the survey instrument and results is provided in Appendix B.

as experiencing inadequate coverage.² One hundred seventy-eight physicians responded.³ Responding physicians cited the following reasons for not serving as a local medical examiner:

- heavy workload in medical practice;
- never asked to serve;
- not aware of the need for medical examiners;
- unpredictability of hours of work;
- lack of interest;
- level of fee paid to physicians for medical examiner services;
- responding to the scene of death;
- partnership/health care corporation does not allow physicians to serve as medical examiners; and
- do not feel qualified to serve.

Physicians indicated that the following actions could inspire them to serve as local medical examiners:

- increase the fee for service;
- training seminars;
- teaching video on medical examiner duties;
- mini internships as part of training;
- additional written instructional materials; and
- lay medical investigators to carry out scene duties and collect information.

² Surveys were distributed to physicians in Bristol, Buckingham County, Chesapeake, Colonial Heights, Cumberland County, Danville, Fairfax, Fairfax County, Falls Church, Franklin, Franklin County, Frederick County, Greene County, Hampton, Henry County, Hopewell, Loudoun County, Louisa County, Nelson County, Orange County, Pittsylvania County, Richmond County, Roanoke County, Shenandoah County, Smyth County, Staunton, Suffolk, Virginia Beach, Westmoreland County and Winchester.

³ The full text of the survey instrument and results is provided in Appendix C.

Finding D

Medical investigators are employed by medical examiner systems throughout the United States to supplement and enhance law enforcement investigations and to assist medical examiners and pathologists. Fifty-two of the sixty-one medical examiner systems responding to a 1997 survey conducted by the National Association of Medical Examiners indicated that they have independent medical investigator staff to assist medical examiners with scene and case management.

Medical investigators focus on the body, collecting time of death information, assessing the scene for hazards, collecting detailed medical histories, and investigating the medical and public health aspects of the natural, accidental and suicidal deaths which represent 85% of medical examiner case investigations. Homicidal deaths represent 15% of the medical examiner's caseload.

Lay medical investigators assist local physician medical examiners, pathologists and law enforcement by:

- receiving notifications of death;
- accepting jurisdiction within prescribed guidelines;
- responding to scenes;
- collecting information about time of death;
- ascertaining the immediate medical history of the decedent;
- photographing the body at the scene, especially the hands and other items of particular interest to the medical examiner;
- collecting fragile medical evidence on the body that may not survive the transport;
- assuring that the body and its evidence are properly secured and transported for examination by the local medical examiner or transported to the respective district office for autopsy;
- taking charge of personal effects (except weapons and contraband);
- preparing demographic and narrative reports for the medical examiner and pathologists;

- collecting information in non-criminal cases from police and witnesses concerning the circumstances of death;
- performing follow-up interviews with family members, law enforcement personnel and others to collect information needed by the medical examiner or pathologist; and
- obtaining follow-up records, x-rays and medical records from hospitals, physicians and other agencies

Finding E

Training standards for medical investigators have been established by a study project supported by a U.S. Department of Justice grant. The standards include a checklist, developed jointly by law enforcement officials and medical examiners, of responsibilities to be carried out "at every scene, every time." Because medical investigators and law enforcement officials are investigating the same death contemporaneously, the division of duties should be determined by cooperative agreement within jurisdictions upon review of this death investigation checklist. Medical investigators do not interfere with crime scene technicians or the collection of scene evidence, nor do they interview sensitive witnesses or otherwise intrude into law enforcement activities.

Medical investigator training would be provided according to a specific curriculum as well as on-the-job under the supervision of a pathologist. Training would also include instruction by and in cooperation with other agencies involved in death investigation. Certification of medical investigators would be by written examination and assessment of scene investigation skills. Continuing training would include in-service sessions, formal case reviews and attendance at death investigation conferences. Periodic recertification would be required.

Finding F

According to the Chief Medical Examiner, four district office medical investigator positions and ten field investigator positions are needed to address the shortage of local medical examiners. The four district office medical investigators would be full-time OCME staff assigned one each to the four district offices. They would be charged with assisting law enforcement, local medical examiners and OCME pathologists, and they would be available to respond to scenes of death. The district investigators would assist the pathologists by gathering information, thereby reducing the delay in resolving cases. Law enforcement officials and prosecutors would receive medical examiner and autopsy reports on a more timely basis if the information gathering function was handled by investigators rather than pathologists.

By providing medical expertise at death scenes and assisting in the collection of medical information, the ten field investigators would enhance the efforts of law enforcement in jurisdictions experiencing inadequate medical examiner coverage. Investigators would be drawn from the ranks of health care and retired law enforcement professionals and paid on a fee-for-service basis.

Finding G

Surveys from other states indicate that the pay range for lay medical investigators averages between \$28,000 and \$46,000 annually. This salary would be equivalent to a Grade 11 position on the state pay scale. With fringe benefits, a Grade 11, Step 7 salary of \$31,905 would cost \$42,606 in FY 1999 and \$42,932 in FY 2000 for each of the four district office investigator positions for a total of \$170,424 in FY 1999 and \$171,728 in FY 2000. The ten field investigators would be compensated on a fee-for-service basis from existing OCME funds. One-time training and equipment costs are estimated at \$10,000 per district office investigator and \$5000 per field investigator for a total of \$90,000.

Recommendation 1

Introduce legislation to authorize and provide funding for the Chief Medical Examiner to retain four district office investigators and ten field investigators at a total cost of \$260,424 for FY 1999 and \$171,728 for FY 2000.

Finding H

Ninety percent of the physicians responding to the Crime Commission survey indicated that Virginia's Schools of Medicine should introduce information on service as a Virginia medical examiner into the generalist initiative curriculum. At present, information regarding medical examiner service is not included in the generalist initiative curriculum at any of Virginia's three medical schools. However, Eastern Virginia Medical School will be sponsoring a retreat on forensic medicine that will address medical examiner duties. In addition, the Medical College of Virginia is working with the OCME to establish an informational program and encourage internships with the Office. The University of Virginia School of Medicine has expressed interest in providing information on becoming a local medical examiner to its students as part of residency programming. Finally, the Chief Medical Examiner has contacted residency programs across Virginia to apprise them of the need for medical examiners and to encourage their participation in the recruitment effort.

Recommendation 2

The Crime Commission should direct a letter of support to each of Virginia's medical schools encouraging the inclusion of information about becoming a local medical examiner in the generalist initiative curriculum or residency program, as the school deems appropriate.

VIII. Acknowledgments

The members and staff extend special thanks to the following agencies, organizations and individuals for their cooperation and valuable assistance to this study effort:

Commonwealth's Attorneys' Services Council

Mr. Walter S. Felton, Jr., Administrator

Mr. Jim L. Chin, Deputy Administrator

The Hon. William W. Davenport, Chesterfield County Commonwealth's Attorney

The Hon. Donald S. Caldwell, City of Roanoke Commonwealth's Attorney

Eastern Virginia Medical School

University of Virginia School of Medicine

Virginia Association of Chiefs of Police

Ms. Dana G. Schrad, Executive Director

Virginia Commonwealth University, Medical College of Virginia

Virginia Department of Health, Office of the Chief Medical Examiner

Dr. Marcella F. Fierro, Chief Medical Examiner

Mr. Wayne B. Hufner, Chief Administrative Officer

Virginia Department of State Police

Col. M. Wayne Huggins, Superintendent

Virginia House of Delegates

Del. Ward L. Armstrong

Virginia Sheriffs Association

Mr. John W. Jones, Executive Director

APPENDIX A: HJR 578

GENERAL ASSEMBLY OF VIRGINIA -- 1997 SESSION

HOUSE JOINT RESOLUTION NO. 578

Directing the Virginia State Crime Commission to study the need for a lay medical investigator system.

Agreed to by the House of Delegates, February 4, 1997

Agreed to by the Senate, February 19, 1997

WHEREAS, in some areas of the Commonwealth, difficulties and barriers have been encountered in recruiting physicians to serve as local medical examiners; and

WHEREAS, the generalist physician initiative is an opportunity to educate physicians-in-training in Virginia, and who are likely to practice in Virginia, about community service as a local medical examiner; and

WHEREAS, some states have addressed this problem by adopting a program for lay medical investigators to permit appropriately qualified nonphysicians to perform the initial scene investigation and collect pertinent medical information and medical evidence; and

WHEREAS, lay persons who may qualify for such responsibilities might include registered nurses, emergency medical technicians, and others with high levels of training; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Virginia State Crime Commission be directed to study the need for a lay medical investigator system. The Commission shall study the need for additional medical examiners in the Commonwealth, the issues related to difficulties in recruiting physician medical examiners, the barriers that prevent or discourage physicians from serving as local medical examiners, and the benefits of introducing service as a Virginia medical examiner into the generalist initiative curriculum in Virginia's Schools of Medicine as an important aspect of physician community service. The Commission is further requested to examine the need for and appropriate use of lay medical investigators in our health system and the feasibility of implementing a lay medical investigator system. The Commission should solicit the assistance of the Office of the Chief Medical Examiner, police, physicians, and local prosecutors to assist them in their work.

All agencies of the Commonwealth shall provide assistance to the Commission for this study, upon request.

The Commission shall complete its work in time to submit its findings and recommendations to the Governor and the 1998 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

**APPENDIX B: SURVEY OF
COMMONWEALTH'S ATTORNEYS**

Commonwealth's Attorney Survey: The Need for Lay Medical Investigators
69 Surveys Returned / 121 Distributed = 57.0% Response Rate

1. In your jurisdiction, are law enforcement services provided by a police department or a sheriff's office?

34.8% (24)	Police Department
39.1% (27)	Sheriff's Office
26.1% (18)	Both

2. In your jurisdiction, are emergency medical services provided by a volunteer rescue squad or a paid ambulance service?

63.8% (44)	Volunteer
13.0% (9)	Paid
23.2% (16)	Both

3. If emergency medical services in your jurisdiction are provided by a paid ambulance service, is that service an entity of local government or a private provider?

48% (12 of 25)	Local government
16% (4 of 25)	Private provider
36% (9 of 25)	Combination of both

4. Which state medical examiner district office provides services to your jurisdiction?

10.1% (7)	Fairfax
40.7% (28)	Roanoke
11.6% (8)	Norfolk
34.8% (24)	Richmond
1.4% (1)	Norfolk and Richmond
1.4% (1)	Fairfax and Richmond

5a. How many physicians are currently providing medical examiner services in your jurisdiction?

173 Total number of physicians (average per locality is 2.51)

5b. Of this number, how many physicians are currently in private practice and how many are retired?

87.9% (152)	Currently practicing medicine
8.1% (14)	Retired from practicing medicine
4.0% (7)	Non-respondent

5c. Which areas of practice are represented by the physicians in your jurisdiction who are currently providing medical examiner services?

40	Family practice
11	Internal medicine
21	General practice
5	Pediatrics
6	Pathology
6	Surgery (general)
5	Other
11	Non-respondent

6a. Is the number of physicians indicated in #5a above adequate to provide timely medical examiner services in your jurisdiction?

78.2% (54) Yes

14.5% (10) No*

Chesapeake

Hampton

Henry County

Hopewell

Louisa County

Pittsylvania County

Roanoke County

Smyth County

Suffolk

Virginia Beach

*Note: Of the ten localities reporting inadequate medical examiner coverage, 80% (all but Louisa County and Virginia Beach) would support the implementation of a lay medical investigator system.

7.3% (5) Non-respondent

6b. If not, please briefly describe the nature and extent of any problems your jurisdiction has experienced regarding the inadequate number of local physicians serving as medical examiners in your area.

7a. Has your jurisdiction experienced difficulty in recruiting physicians to serve as local medical examiners?

27.5% (19) Yes

54.6% (37) No

17.9% (13) Non-respondent

7b. If so, in your opinion, what are the reasons underlying this difficulty?

5 Shortage of local physicians

14 Lack of interest on the part of local physicians

13 Level of fee paid for medical examiner services

6 Responding to the scene of death

5 Interferes with practice/work load

2 Concerns about liability

8a. Is there a need in Virginia for a lay medical investigator system which would allow appropriately qualified and trained non-physicians such as registered nurses and emergency medical technicians to perform such tasks as the initial scene investigation and collection of pertinent medical information and medical evidence?

34.8% (24) Yes

55.1% (38) No

10.1% (7) Non-respondent

8b. If so, please explain why you believe there is such a need.

8c. Please indicate which of the following tasks you believe would be appropriate for lay medical investigators to perform.

21.0% (29)	Initial scene investigation
18.1% (25)	Collection of pertinent medical information
15.9% (22)	Collection of medical evidence
22.5% (31)	Assist city/county medical examiners
1.4% (2)	Interact with family and police
0.8% (1)	Refer appropriate cases to Medical Examiner
3.6% (5)	None of the above tasks
16.7% (23)	Non-respondent

9a. Would you support the implementation of a lay medical investigator system in Virginia as described generally in question #8a above and qualified by your answer to question #8c?

46.4% (32)	Yes
44.9% (31)	No
8.7% (6)	Non-respondent

9b. If not, please describe the problems you perceive related to the use of lay medical investigators.

10. Please list any non-physicians other than registered nurses and emergency medical technicians whom you believe would be appropriate to serve as lay medical investigators and explain why they would be appropriate.

4	Physician's Assistant
1	Nurse Practitioner
1	Paramedic
3	Law Enforcement Officer
2	Retired Police Officer
1	Mortician
15	None
44	Non-respondent

11. Please list any non-physicians whom you **do not** believe would be appropriate to serve as lay medical investigators and explain why they would not be appropriate.

4	Anyone other than RN's and EMT's
3	Anyone other than MD's
4	Auxiliary Health Care Professionals (Cardiac Tech, Shock Trauma, etc.)
1	Funeral Home Employee
1	EMT
2	Nurse's Aide
7	General Public

**APPENDIX C: SURVEY OF VIRGINIA
PHYSICIANS**

Physician Survey: The Need for Lay Medical Investigators
178 Surveys Returned / 1,009 Surveys Distributed = 17.6% Response Rate

1. Are you familiar with the local medical examiner system utilized in Virginia?
37.1% (066) Yes. Please indicate the source of your knowledge:
62.3% (111) No.
00.6% (001) No response.

2. Are you currently serving as a medical examiner in your locality?
06.2% (011) Yes. Please provide name of locality:
93.8% (167) No.

3. Have you ever served as a local medical examiner?
14.0% (025) Yes. Please indicate your reason(s) for discontinuing service as a medical examiner:
84.8% (151) No, I've never served as a local medical examiner.
01.2% (002) No response.

4. Please indicate your area of practice.
41.6% (74) Family
44.4% (79) Internal Medicine
06.7% (12) General
04.5% (08) Retired
02.8% (05) Other. Please specify:

5. Please indicate your reason(s) for not serving as a local medical examiner.
32.6% (58) Lack of interest
25.8% (46) Level of fee paid to doctors for medical examiner services
14.0% (25) Responding to the scene of death
48.9% (87) Heavy workload in medical practice
05.6% (10) Partnership/Health Care Corporation does not allow you to serve as a medical examiner
33.1% (59) Unpredictability of hours of work
48.9% (87) Was never asked to serve
44.9% (80) Not aware of the need for medical examiners in my locality
13.5% (24) Other. Please explain.

6. What specific actions could the Medical Examiner system undertake that would inspire you to serve as a local medical examiner?
35.4% (63) Increase the fee for service to \$_____
42.9% (27) Flat fee
Mode - \$100
Median - \$101
Mean - \$155
09.5% (06) Hourly rate
\$75 - \$250 per hour
47.6% (30) No response
23.0% (41) More instructional materials (written)
32.6% (58) Teaching video on Medical Examiner duties
22.5% (40) Provide lay investigators to carry out scene duties and collect information

- 25.3% (45)** Mini internships as part of training
- 33.7% (60)** Training seminars
- 16.9% (30)** Other. Please specify:

7. Should Virginia's Schools of Medicine provide information on service as a Virginia medical examiner into the generalist initiative curriculum in the context of community service opportunities?

- 89.9% (160)** Yes.
- 07.9% (014)** No. Please explain.
- 02.2% (004)** No response.

8. Do you view service as a local medical examiner as an important aspect of community service?

- 75.3% (134)** Yes.
- 19.7% (035)** No. Please explain.
- 05.0% (009)** No response.

9. Would you support the implementation of a lay medical investigator system in Virginia which would allow appropriately qualified and trained non-physicians such as registered nurses and emergency medical technicians to assist local medical examiners by performing such tasks as the initial scene investigation and collection of pertinent medical information and medical evidence?

- 74.2% (132)** Yes
- 19.1% (034)** No. Please describe any problems you perceive related to the use of lay medical investigators.
- 06.7% (012)** No response

10. Please indicate which of the following tasks you believe would be appropriate for non-physician lay medical investigators to perform.

- 53.9% (096)** Initial death scene investigation
- 61.8% (110)** Collection of pertinent medical information
- 47.2% (084)** Collection of medical evidence
- 83.7% (149)** Assist local medical examiner
- 04.5% (008)** Other. Please list.

11. Please indicate which non-physicians health care, law enforcement, etc. professionals whom you believe would be appropriate to serve as lay medical investigators.

- 67.4% (120)** Physician's Assistants
- 35.9% (064)** EMT's
- 35.9% (064)** Paramedics
- 65.2% (116)** Nurse Practitioners
- 35.4% (063)** Emergency Room Nurses
- 33.7% (060)** RN's
- 07.9% (014)** Morticians
- 33.1% (059)** Law enforcement officers/retired law enforcement officers
- 05.6% (010)** Other. Please specify:

12. Briefly explain why these persons would be appropriate.

13. Please indicate which non-physicians health care, law enforcement officials, etc. whom you **do not** believe would be appropriate to serve as lay medical investigators and explain why they would not be appropriate.

- 10.1% (018) Physician's Assistants
- 37.1% (066) EMT's
- 32.0% (057) Paramedics
- 11.8% (021) Nurse Practitioners
- 27.5% (049) Emergency Room Nurses
- 33.7% (060) RN's
- 61.8% (110) Morticians
- 35.9% (064) Law enforcement officers/retired law enforcement officers
- 02.8% (005) Other. Please specify:

14. Briefly explain why these persons would not be appropriate.

Please send me more information about becoming a Medical Examiner in my locality.

- 19.7% (035) Yes
- 02.2% (004) No
- 78.1% (139) No response.

Phone Number: _____

