



Pathology Biology Section – 2006

G46 Descriptive Study on the Causes of Death of Residents of Boarding Homes

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After attending this presentation, attendees will gain a better understanding of the circumstances surrounding death and the causes of death for disabled residents of boarding homes.

This presentation will impact the forensic community and/or humanity by demonstrating how boarding homes will become an increasingly common source of cases as disabled individuals are moved from institutional care to community housing in compliance with the federal Olmstead Decree.

RATIONALE: In 1999 the Supreme Court issued the Olmstead Decree, which requires that states offer community-based living for individuals with disabilities rather than house these individuals in institutions. Several options are available to states to satisfy the requirements of the Olmstead Decree. Nursing homes, for example, often house individuals disabled by dementia. Boarding homes also play a critical role in providing housing for disabled individuals, and boarding homes have proliferated in response to the increased demand for such housing since the beginning of the movement to deinstitutionalize individuals with disabilities. The quality of care given by nursing homes has been a subject of great interest recently, both in the medical and legal communities. The nursing home industry is tightly regulated by the federal government, and the causes of death for nursing home patients are recorded as a matter of course. Boarding homes, in contrast, are under no regulation, and virtually nothing is known of the outcomes of disabled patients living in boarding homes, including the circumstances in which these individuals die.

METHODS: The authors conducted a retrospective study of deaths investigated by the Jefferson County Coroner/Medical Examiner Office, Alabama from January 1, 2000 to December 31, 2004. Review of the case files revealed 35 deaths during that time that occurred in a boarding or group home. Each case was reviewed, recording the circumstances surrounding death and the cause and manner of death.

RESULTS: Researchers found 35 deaths investigated by the office which occurred in a boarding or group home. The mean age of the decedents was 59 years, with a standard deviation of 15 years (minimum age 25 years, maximum age 91 years). Twenty-one decedents were black and fourteen were white. Twenty-two decedents were male and thirteen were female. The reasons for living in a boarding home were divided between two broad categories – a history of substance abuse (12 cases) or a history of debilitating illness (17 cases, with 7 cases of schizophrenia or other psychiatric disorder, 2 cases of mental retardation, and 8 cases due to chronic illness such as diabetes mellitus, loss of mobility due to gunshot wounds, etc). In six cases the cause for living in a boarding home was unclear from the chart. The manners of death were distributed as shown in Table 1.

Table 1. Distribution of deaths by manner in decedents from boarding homes.

Manner of Death	No.	(%)	(Overall % of office)
Natural	20	(57)	(34)
Accident	3	(9)	(31)
Suicide	5	(14)	(12)
Homicide	0	(0)	(20)
Undetermined	7	(20)	(3)

The natural deaths were due to ischemic heart disease (7 cases), hypertension (3 cases), and one case each of pneumonia, cardiomyopathy, and alcoholism. The remaining seven natural deaths were due to undetermined natural causes, a situation that most often arises when a physician refuses to sign a death certificate after the body has already been buried or cremated. The three accidental deaths were due to intoxication related to substance abuse. Two suicides were a gunshot wound of the head, two a hanging, and one an overdose. In the seven cases where the cause of death was undetermined, four were undetermined in part because the office received the case after a physician refused to sign the death certificate, and three were undetermined following an autopsy. Decedents with a history of substance abuse tended to be intoxicated at the time of death; toxicology testing revealed an intoxicating substance in nine of the 11 decedents with a history of substance abuse who were tested. Thirty-two of the decedents were not married, whether because of death of their spouse, divorce, or never having married. The factors that led to the assumption of jurisdiction of a case were lack of a physician to sign the death certificate, history or scene evidence to suggest substance abuse, or concern on the part of the decedent's family about foul play or poor care. No evidence of physical abuse was found in any of these cases.

CONCLUSION: Federal law requires that states offer communitybased living for individuals with disabilities rather than house these individuals in institutions. Boarding homes are the community-based housing available to these disabled persons. Residents of boarding homes are likely to be disabled by substance abuse or by a mental



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disorder. Research indicates that abuse of the elderly is more likely in individuals with short-term memory problems, any psychiatric diagnosis, substance abuse, or poor social support. Most residents of boarding homes in this study were socially isolated and either mentally disabled or prone to substance abuse, leading us to conclude that deaths that occur in boarding homes merit forensic investigation.

Group Home, Boarding Home, Disabled