



D80 Medicolegal Elderly Death Trends Within Harris County, Texas: Are Changes in Practice Warranted?

Matthew W. Doyle, BSN, Harris County Medical Examiner's Office, 1885 Old Spanish Trail, Houston, TX 77054; Stacy A. Drake, MSN, The University of Texas Health Science Center at Houston School of Nursing, 6901 Bertner Avenue #667, Houston, TX 77030; Roger A. Mitchell, Jr., MD, Harris County Medical Examiner's Office, 1885 Old Spanish Trail, Houston, TX 77054; Jason L. Burnett, PhD, The Crest Office Quentin Mease Community Hospital HCHD, 3601 North MacGergor Way, Houston, TX 77004; and Carmel B. Dyer, MD, The University of Texas Health Science Center at Houston School of Medicine, 6431 Fannin, 1150, Houston, TX 77030*

After attending this presentation, attendees will learn to identify categories of elderly death trends and barriers that inhibit thorough death investigation of the elderly. Understanding these categories of death as well as recognizing potential barriers will impact death investigators by allowing them to target improvement efforts within the medicolegal death investigation system.

This presentation will impact the forensic science community by providing information on interesting trends in elderly deaths and case study examples to illustrate key points. Initiatives to improve investigation of the elderly will be presented which could be implemented within any medicolegal death investigation system.

The demographics of our population are changing. As our society ages, in part because of advances in healthcare services, people are living longer than at any other time in history. At the same time, the aging population requires additional healthcare resources or family support. The role reversal of children caring for their parents can be overwhelming and unexpectedly stressful. The majority of deaths in the elderly population are due to natural causes; however, often the people reporting these deaths are not aware of nor did they consider prior or ongoing Adult Protective Service (APS) investigations. When investigators are unaware of an APS history during the initial death report, the likelihood of further investigation into the cause and manner of death subsides. The impacts would include those deaths from non-natural manners and especially elder mistreatment.

This retrospective study was initiated in efforts to describe death trends and barriers of the elderly falling within medicolegal jurisdiction in Harris County, Texas. The study is a four-year longitudinal descriptive study looking at deaths of people aged 65 and above (N=38,827) where medicolegal jurisdiction was retained and an examination did occur (n=4,400). The purpose was to describe any differences within the decedent sample with no APS reports (n=4208) and the decedent sample that had an active or closed APS investigation (n=192). There was no distinction made between APS cases in which the decedent was investigated for self-neglect or whether there was a caretaker who was investigated by APS. Of the 38,827 deaths reported to the Medical Examiner's Office, there were 4,400 cases in which jurisdiction was retained and an examination occurred. Of the 4,400 cases surprisingly only 192 had APS history; the initial report only included information about active or past APS investigations in 28 of those cases. Additionally, after cross-tabulating medical examiner cases with APS database it was discovered that of the 34,427 elderly deaths that were reported but which jurisdiction was released, 1,310 cases had a history of an APS investigation. In some of those cases, jurisdiction may have been retained and a physical examination performed if knowledge about APS history was attained during the initial investigation. The consequences of not having this APS history available at the time of the initial report may have led to deaths being released from medicolegal jurisdiction. Efforts were initiated to identify and remove barriers impeding investigators from obtaining APS history. Two of the initiatives included improving communication with APS and providing additional education regarding elder mistreatment to death investigators.

Some interesting trends in elderly deaths and case study examples provided to illustrate key points will be presented. Initiatives to improve investigation of the elderly will be presented that can be implemented within any medicolegal death investigation system.

Medicolegal Death Investigation, Elder Mistreatment, Adult Protective Services