



BS6 Undetermined: The Devil Is in the Details

James J.C.U. Downs, MD*, *forensX, LLC, Savannah, GA 31406*; Andrew M. Baker, MD, *Hennepin County ME, Minneapolis, MN 55415*

Learning Overview: The goal of this presentation is to familiarize attendees with the necessity of considering medical history and scene investigation in determining cause and manner of death and/or in evaluating injuries. After attending this presentation, attendees will understand that better investigation can provide additional answers, but that not all cases are solvable.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by suggesting ways to improve forensic pathology analysis of case materials while recognizing that sometimes not all answers are forthcoming.

The art and science of determining cause and manner of death is a challenge for the forensic pathologist—both the novice and veteran practitioner. The five established universal manners of death include “undetermined” to reflect that an answer is not always possible to a reasonable degree of certainty. As many as five percent of all medical examiner cases are eventually classified as “undetermined.” Some embrace the diagnosis, arguing that “you can’t be wrong with undetermined.” In such situations, resistance and frustration are common, since interested parties may feel that the physician “took the easy way out” by not having an opinion. This may be, in part, due to misunderstanding what message is being conveyed by the term. Confusion may be further compounded when the cause of death is also not readily apparent.

The designation “undetermined” applies not only as a cause and manner of death but can also apply when determining how events happened when such questions arise. In medically evaluating death and/or injury, context can be critical. The circumstances are provided by the history and the scene. Failure to find and/or fully appreciate the answer(s) tends to occur in situations in which there is insufficient investigation, scene evaluation, or medical history. Thus, for a medical examiner, scrutinizing the crime scene (not necessarily just a death scene) can be invaluable.

Frustrations may arise because two equally qualified physicians may interpret case materials differently and arrive at different answers. In reality, different experiences and different qualifications may lead to alternate theories, diagnoses, and opinions. Forensic pathology is *medicine* at its core—not a bench science. Medicine applies various scientific disciplines to a biological context—the individual patient. A *sine qua non* of competent medical practice is history, which provides essential context for case evaluation, culminating in a medical diagnosis. The essential nature of medical history is illustrated by the need for federal legislation (the *Health Insurance Portability and Accountability Act*) attempting to ensure medical records access and privacy.¹ Medically, the scene circumstances and injury are a big part of that history.

Through a review of several cases involving deceased and living patients, this presentation will point out where a different and/or a second point of view has proved valuable in clarifying how injuries occurred, allowing a more definitive conclusion regarding the nature of sudden unexpected death and/or injury. Practitioners should accept that there will always be cases that end up as undetermined despite lengthy investigation and innumerable analyses, but the “there’s no harm in calling it undetermined” philosophy should be rejected as the fallacy that it is.

Reference(s):

¹. https://en.wikipedia.org/wiki/Health_Insurance_Portability_and_Accountability_Act.

Undetermined, Medical History, Scene Investigation