Death Investigation in America: Coroners, Medical Examiners, and the Pursuit of Medical Certainty

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cussed, even though it is given a focus of attention in chapter 1. Quantiferon’s role in tuberculosis screening (chapter 52) appears to have been omitted. The glossary should be renamed a disease appendix, because it is not a dictionary of terms but rather a discussion of 32 common tropical and parasitic diseases.

No biographies are provided for the 5 editors of the second edition, but it should be noted that Jay Keystone is professor of medicine at the University of Toronto and a former ISTM president (1995-1997). Phyllis Kozarsky is professor of medicine at Emory University and is an editor of CDC Health Information for International Travel. David Freedman is professor of medicine and epidemiology at the University of Alabama at Birmingham and is the current ISTM secretary-treasurer. Hans Nothdurft is professor of Infectious Diseases and Tropical Medicine at the University of Munich and was the organizing chair of the 11th Conference of the ISTM in Budapest in 2009. Bradley Connor is clinical associate professor of medicine at Cornell University and also a former ISTM president (2003-2005). There is an impressive array of 83 contributors. All but 3 are from North America and Europe; 2 of the 3 are expatriates. An oversight perhaps, for as suggested in a review of the first edition, the study of travel medicine is no longer confined to North America and Europe.

The second edition of Travel Medicine is an essential basic text, reference, and (to all intents and purposes) a course in primary travel medicine for all individuals working or studying in this specialized field, as well as for libraries of academic institutes providing this training. It has been recommended elsewhere as a useful textbook for those taking the ISTM Certificate of Knowledge examination, which is based on the “Body of Knowledge” discussed in the appendix. Edited by professionals of international standing in the field, Travel Medicine is a worthy addition to an exclusive portfolio of reference textbooks in travel medicine.

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It is fortunate that at least some pathologists ignore Maugham’s advice and obtain training in forensic pathology—an art and science that deals primarily with the investigation of death. Such inquiry lies at the busy junction of medicine and law and is not the purview of any single occupation. At present, analysis of death entails an assortment of personnel belonging to dozens of different job categories. Despite—or perhaps because of—this pooling of multifarious talent, such investigation remains an inexact science in the United States and elsewhere.

Jeffrey Jentzen’s Death Investigation in America: Coroners, Medical Examiners, and the Pursuit of Medical Certainty discusses not only the status of investigations into suspicious fatalities but also the inherent conflicts between forensic pathologists (ie, professionally trained medical examiners) and coroners (in many cases, politically appointed, poorly trained, nonmedical investigators), politicians and police, and prevailing laws and widespread practices. For years, these conflicts have diminished, if not utterly jeopardized, death investigations. With more than 20 years of experience in forensic pathology (certifying 50 000 deaths, investigating thousands of others, and performing 6000 autopsies), Jentzen is eminently qualified to discuss the topic.

It should be clear that forensic pathology plays a vital role in the investigation of suspicious deaths, some of which may have public health implications. Those who doubt this would do well to consider the successes of investigating the outbreak of fatal radium poisoning among young women who paint watch dials, the epidemic of fatal malaria among heroin addicts sharing needles, the outbreak of ammonia deaths among workers in Chicago stockyard refrigerators, and the spate of deaths attributed to cyanide-laced Tylenol. These successes notwithstanding, the author draws on multiple resources, including plenty of published references (the listing of which encompasses nearly one-fifth of this relatively short book), to help outline the lessons learned from the mishandling of numerous notorious cases. Foremost of these may be an assassination along a grassy knoll in Dallas and a fatality in the murky waters of Chappaquiddick Island.

That death investigation is inconsistent and inadequate (and occasionally performed in an incompetent manner) becomes obvious on almost every page. The interplay of law,
politics, and forensic pathology is imparted by the weaving of many absorbing accounts into the narrative, including those of the demises assisted by Kevorkian and the loss of lives in Attica. Many fictional and nonfictional heroes in the drama of death investigation make pertinent appearances in this book. The fictional ones invoked include figures as diverse as the medical examiner Quincy (the “dedicated, hardworking, underpaid public servant,” according to Jentzen) and those in CSI: Crime Scene Investigations (wherein “the forensic pathologist did not stand alone but joined a team of scientific crime fighters”). The nonfictional ones include famed forensic pathologists including DiMaio, Hirsch, and Noguchi (all forensic pathologists of major metropolitan areas who “represent the highest capability of medical science”) and lesser-known ones including Paul Revere (who served as a Boston coroner from 1796 to 1801).

True to its title, Death Investigation in America provides a contemplative and rather disturbing view of the pursuit of medical certainty in investigating death. It is disappointing that more of the book is not devoted to the future and to the possible alteration in policies that could alleviate the situations described. Much of the narration of conflicts between competing interests gets quite humdrum after a few passages. This short book could have been even shorter and still as affecting.

That medicine has had a fraught relationship with law is an obvious fact. That medicine and law should work together in investigating deaths is even more obvious and is also the fervent desire of the author, if an elusive one. As Sir Arthur Conan Doyle, the creator of Sherlock Holmes and Dr Watson (the quintessential symbiotic investigational team of criminal and medical minds), stated, “there is nothing more deceptive than an obvious fact.”

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AUTONOMY, INFORMED CONSENT AND MEDICAL LAW: A RELATIONAL CHALLENGE
By Alasdair Maclean
314 pp, $99
Boston, MA, Cambridge University Press, 2009

I began reading Alasdair Maclean’s book a couple of hours after arriving at the accident and emergency department of my local hospital following a particularly undignified encounter with a staircase. As the receptionist demanded that I share the details of my injury and medical history in front of the crowds of people crammed into the small waiting room, the dissonance between “ideal” ethical and legal practice and the realities of clinical work were particularly preoccupying. For as Maclean states at the outset of his book, influenced no doubt by his dual life as a clinician and bioethicist, the daily enactment of ethical practice has pragmatic aspects.

Maclean offers his reader a detailed and comprehensive account of the regulation of consent, albeit in a largely English, and therefore common law, context. Few available titles provide as inclusive and careful account of how consent has been structured, mediated, and enforced via the legal system. The legal narrative and analysis is, in my view, the most successful aspect of the book. When Maclean moves from the law to philosophical approaches to autonomy and, by extension, consent as a concept, he is less persuasive. Likewise and in large part because of the preceding philosophical analysis, which identified “problems” with current conceptual accounts of consent, the solutions Maclean proposes are not entirely convincing.

The central premise of Maclean’s work is that the increasingly liberal approach to consent has had the side effect of diminishing patient welfare. While he takes pains to emphasize that he is not proposing a return to “doctor knows best” paternalism, he is concerned about the extent to which professionals both do and should explore the reasons for patient choices; a view that is predicated on his belief that there is a distinction between an autonomous person and an autonomous act. It is Maclean’s position that both professional and patient have obligations that attach to the consent process. In particular, he argues that the professional should seek an explanation from a patient who is refusing treatment and that refusal is likely to lead to adverse outcomes. However, the analysis and justification of this conclusion are not always clearly argued and, at points, Maclean seems to be attempting to both eat his ethical cake and have it too. Autonomy is, he asserts, too fundamentally important to override and yet, he also states, autonomous but apparently irrational decisions must be challenged. However, the challenge is almost always likely to come from a professional to a patient. Given that Maclean spends a lot of time discussing patient-clinician relationships, it is surprising that he neither argues more coherently for his belief in the importance of challenging autonomous but “irrational” decisions nor explores the ways in which definitions of “irrational” are likely to reflect complex hierarchies in health care.

To a large extent, Maclean engages thoroughly with an impressive range of bioethics theories and approaches, but some of his conclusions are unanticipated. For example, in discussing his work and the dominant “4 principles” approach to bioethics, Maclean again emphasizes the primacy of autonomy while also claiming that beneficence necessarily includes a professional challenge to a patient’s “poor” decision. The uneasy mixture of norm and outcome is interesting but not convincingly or completely argued. Likewise, in a chapter...