

August 20, 1992

Mr. Harold Weisberg
7627 Old Receiver Road
Frederick, MD 21702

Dear Mr. Weisberg:

I have read your July 25, 1992 letter to my husband, William Neichter. I am happy to provide you with any assistance I can, and apologize for my delay in replying. I spent the past three weeks caring for my father in Illinois.

In this letter, I have tried to address your specific question of what a forensic autopsy is supposed to include and discover. In addition, I have also covered the acceptable format that this record should take, as well as, a brief history of forensic pathology.

You will find enclosed copies of the articles I refer to in this letter in their entirety. For your personal edification, I have enclosed articles concerning gunshot wounds and forensic pathology that I researched for my husband. Dr. Noguchi's 1973 article which compares the RFK autopsy with the JFK autopsy is also enclosed. I thought this might interest you, if you have not already seen it.

All medical records must be recorded at the time care is rendered (this care extends to autopsy reports). The provisional diagnoses in autopsies are to be recorded within 3 days with the final report recorded within 90 days.¹ Records must be stored in a permanent fashion, either handwritten, transcribed from a dictated report, stored on tape or computer. Records cannot be stored only in the maker's memory. In speeches I have given before both legal and medical groups, the rule of thumb for all medical records is --if it isn't written down, it wasn't done.

Medical records must be kept in their original format or in a facsimile thereof, i.e. they may be microfilmed. It is unacceptable to revise originals, recopy originals or destroy the originals for any reason. When originals are destroyed by accident they should be reconstructed as accurately as possible from what original records do exist. When a record must be corrected or recopied for some reason it is recommended that there be a witness to this action to verify authenticity.

¹ Huffman, Edna K., Medical Record Management, eighth edition., Physician's Record Company, Berwyn, Illinois, 1985 page 92.

The forensic autopsy is set apart from routine pathologic work, or even routine autopsies by the very "legal" nature of it. In 1958 the Advisory Board for Medical Specialties approved certification in forensic pathology by the American Board of Pathology.² Certification in forensic pathology began in 1959 and by 1969 there were 340 certified forensic pathologists in the U.S.³ One of the initial criterion for certification was that the candidate was to have participated in the investigation of not less than 25 homicides.⁴

The key point that the literature made was that "certification as an anatomical (general) pathologist does not necessarily mean that an individual knows any forensic pathology".⁵

There are special requirements that set apart the forensic autopsy from the day-to-day hospital autopsy. The objectives of the forensic autopsy are:

- "1. To make a positive identification of the body and to assess the size, physique and nourishment.
2. To determine the cause of death.
3. To determine the mode of dying and the time of death, where necessary and possible.
4. To demonstrate all external and internal abnormalities, malformations and diseases.
5. To detect, describe and measure any external and internal injuries.
6. To obtain samples for analysis, microbiological and histological examination, and any other necessary investigations.
7. To retain relevant organs and tissues as evidence.
8. To obtain photographs and video films for evidence.
9. To provide a full written report of the autopsy findings.
10. To offer an expert interpretation of those finding.
11. To restore the body to the best cosmetic condition

² French, A. James., Legal Medicine Annual 1969., "Issuance of Certificates in Forensic Pathology, page 159. Published by Appleton-Century-Crofts Educational Division of Meredith Corporation, NY.

³ DiMaio, Dominick J. and DiMaio, Vincent J., Forensic Pathology, Elsevier publishers, 1989, New York, page 11.

⁴ French, J.A., *ibid*, page 160.

⁵ DiMaio, D.J., *ibid*, page 10.

before burial."⁶

Dr. Knight provides an excellent reference for what should be done, how it should be done, the order each step should be completed in and what should be reported in the autopsy record. Rather than repeat this information verbatim in this letter, I have enclosed a copy of this information with this letter. Please refer to Forensic Pathology by Dr. Bernard Knight.

The autopsy report itself should include all of the following (per Dr. Knight):

1. Full personal details of deceased.
2. Place, date and time of autopsy.
3. Name, qualifications and status of pathologist(s)
4. All persons present at the examination.
5. Authority commissioning the autopsy.
6. Record of who identified the body.
7. Name and address of deceased subject's regular physician.
8. Date and time of death when known.
9. History and circumstances of death.
10. External examination (refer Knight page 32 for complete details).
11. Internal examination (refer Knight page 32 for complete details).
12. List of specimens and samples retained.
13. Results of further examinations.
14. Summary of lesions displayed by autopsy.
15. Discussion of findings.
16. Opinion as to the definite or most likely sequence of events leading to death.
17. Formal cause of death.
18. Signature of pathologist.

Related specifically to the article recently published in JAMA, I would like to make the following observations. Dr. Humes "emphasizes that his autopsy found that the other bullet that struck Kennedy, the so-called "magic bullet" that was the first to hit Kennedy..."(page 2794 JAMA) However, in the autopsy report of JFK which was published as an attachment to an article published by Dr. Thomas Noguchi (1973) in the summary it reads "the observations and available information do not permit a satisfactory estimate as the sequence of the two wounds".⁷

⁶ Knight, Bernard., MD, MRCP, FRCPath, DMJPath, Barrister, Forensic Pathology., Oxford University Press, New York 1991., page 2.

⁷ Noguchi, Thomas T., Legal Medicine Annual 1973., Appleton-Century-Crofts Educational Division, Meredith Corporation, New York, page 85.

The JAMA article states the credentials of Drs. Humes and Boswell, are both as anatomical pathologists who "performed several autopsies on military personnel killed by gunshot wounds." (Page 2795 JAMA) Recognized experts in forensic pathology make the following observations about anatomical pathologists doing forensic work. "Certification as an anatomical pathologist does not necessarily mean that an individual knows any forensic pathology."⁸ "Neither the average hospital pathologist nor the physician who is not a pathologist can adequately practice in this field no matter how well intentioned they are, and they are often well-intentioned."⁹ And finally "they prefer the charlatan who tells them what they want to hear to the expert who tells them unpalatable truths or that conclusions cannot be made. One of the characteristics of the unqualified expert in forensic pathology is an ability to interpret a case in exquisite detail. This "Expert" sets the time of death, plus or minus a few minutes, accurately positions the deceased, and gives detailed analysis of the events surrounding the death and precise deductions about the assault. The experienced forensic pathologist tends to hedge..."¹⁰

The forensic pathologist is also concerned with all the evidence surrounding a violent death. This includes the victim's clothing. Dr. Knight states "the removed clothing should accompany the body and be examined for damage and stains and evidence. Injuries on the body should be matched to damage on the clothing."¹¹ Drs. Humes and Boswell state in the JAMA article that "it was only during their interviews with Warren Commission investigators that (they) saw for the first time the clothing worn by President Kennedy".(Page 2800 JAMA) This clothing should have been part of their autopsy materials.

The autopsy record should document who authorized the autopsy. There was confusion over who officially authorized this autopsy on JFK. (Page 2803 JAMA)

Finally, the JAMA article states that Dr. Humes burned the original of his diagrams, and surrendered to Admiral Burkley all the materials relating to this autopsy. (Page 2799 JAMA) Dr. Knight in Forensic Pathology asserts the importance of retaining all original diagrams.¹² If Drs. Humes and Boswell surrendered

⁸ DiMaio,D.J., ibid., page 9.

⁹ DiMaio, D.J., ibid., page 10.

¹⁰ DiMaio, D.J., ibid., page 14.

¹¹ Knight, B., ibid., page 7.

¹² Knight, B., ibid., page 12.

all written materials from this autopsy what is this article based upon except their memories of events?

It is my sincere hope that at least some of this information may be useful to you. I have enclosed copies of all the articles upon which this letter and its opinions were based, so that you would have some authorities to refer to other than myself. I have copied the fly-leaves with publishing information for each article. For the most part these are stapled to the front of each article, however, in some instances they have been appended to the back of the article or typed and placed on the front sheet.

I have worked as a medical records professional since 1976, holding both a bachelor's and master's degree and am certified by The American Health Information Management Association as an Accredited Records Technician. Since 1985, I have been an expert witness in medical records matters and have spoken before various legal associations and have been a guest lecturer at the University of Louisville, School of Medicine. I have enclosed a curriculum vitae.

If you have any questions about the content of this letter, or if I can provide you with any additional information or research please do not hesitate to call me at the numbers list above. Best of luck on your new book.

Sincerely,

Betsy Neichter, M.A., ART

Betsy Neichter

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enclosures

CURRICULUM VITAE

ELIZABETH A. NEICHTER, M.A., ART

MAJOR POSITIONS;

Neichter Medical Records Consulting Louisville, Kentucky	1988- present	Medical Records Consultant
Medical Resources Prospect, Kentucky	1985- 1988	Medical Records Consultant
Freelance Medical Records Surveyor Louisville, Kentucky	1981	Medical Records Consultant
Louisville Baptist Hospitals --Baptist Hospital East --Baptist Hospital Highlands --Mallory Taylor Hospital Louisville, Kentucky	1976- 1981	Asst. Medical Records Director/ Quality Assurance Coor- dinator
Good Samaritan Hospital Lexington, Kentucky	1976	Medical Records

EDUCATION;

University of Louisville Louisville, Kentucky	1977- 1979	M.A. (Education)
University of Kentucky Lexington, Kentucky	1972- 1976	B.A. (History)

(over)

RELATED EXPERIENCES:

Credentialed as an Accredited Records Technician by the American Health Information Management Association.

University of Louisville, School of Medicine (Family Practice Section), guest lecturer on medical records topics 1990 and 1991.

Author of "Medical Records" published by the American Association of Trial Lawyers of America in the September, 1987, issue of TRIAL magazine.

Member of the American Health Information Management Association.

Hospital Quality Assurance Committee member, five years.

Taught documentation classes at the Baptist School of Nursing, Louisville, Kentucky.

Guest Lecturer at various legal seminars, including the Kentucky Bar Association, The Arkansas Trial Lawyers Association, the Louisville Bar Association.

Statistical researcher for physicians.

Court experience.

Continuing Education Director for the Kentucky Chapter of the American Association of Medical Transcribers (1980).