Postmortem: How Medical Examiners Explain Suspicious Deaths

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Americans have shown a lasting interest in how medical examiners work, from the early 70s TV show *Quincy, ME* to the present crime drama, *CSI*. Yet, only now, with the publication of Stefan Timmermans’ *Postmortem* can people gain a more realistic understanding of what medical examiners actually do. Timmermans’ offerings are far less glitzy and hyper-technical than those depicted on TV, as he puts forth a clear and deeply penetrating view on how medical examiners do their work and their connections to the criminal justice system, the medical establishment, bereaved family members, and public health interests. Timmermans’ work also offers abundant intellectual dividends for suicidologists.

Stefan Timmermans spent more than three years collecting the data for this book from an in-depth study of a single medical examiners office in an unnamed, middle-sized American city. During the course of his data collection he attended staff meetings, observed more than 200 autopsies first-hand and interviewed selected ME personnel. He coupled this with an extremely thorough literature review.

As Timmermans analysis clearly shows that if there is an overarching social purpose to a medical examiners office, it is to codify and to legitimate deaths, enabling bereaved family members to obtain closure with the loss of loved ones, enabling them to begin fully accepting the death so they can move forward with their grieving. With families often reluctant to accept the designation of suicide deaths, because of its associated stigmatization, the medical examiner’s office, in response, seeks a preponderance of evidence - the 51-percent certainty rule - before a suicide will ever be declared.

Timmermans’ book places the medical examiner within a sociological context, tracing how medical examiners remain near the bottom of the medical status hierarchy, finding it difficult to attract new practitioners and governmental resources. They often are unable to perform all the autopsies that may appear warranted. They are also wary of their critics--grief-stricken families wishing to avoid the stigma of suicide death certifications, distraught parents who could be charged with crimes of child abuse--and public ridicule if autopsy findings are found deficient in criminal investigations; all these pressures lead medical examiners to assume a conservative stance. Now the profession confronts new challenges, as organ transplantation advocates seek to compromise its traditional roles.

The medical examiner’s office also assumes a pivotal role in the criminal justice system as it deems some suspicious deaths homicides. Timmermans shows that homicides taking place within the medical field are likely to be undercounted, as MEs may be reluctant to cast blame upon fellow practitioners. Another area where homicides may be undercounted is among those in police custody. Here, too, because of the close associations between the MEs and the police, death examinations may be pursued less rigorously.

Overall Timmermans’s analysis is complete and systematic; the book, clearly written and concise, should be of value to professionals and lay readers alike. This is a work destined to become a sociological classic.