

***Amendments to the Coroners Act***

519. The OCCO recognizes that in order to promote oversight and accountability, and to enhance forensic pathology services in the province, the *Coroners Act* requires amendments. These amendments must recognize the role of the pathologist as part of the death investigation team, and the importance of the Chief Forensic Pathologist in the leadership of the OFPS.

520. Below, the OCCO has prepared tables setting out the current language in the *Coroners Act* alongside the proposed changes:

## SECTION 1 – DEFINITIONS

Current Act	Proposed Changes
<p>In this Act,  Chief Coroner means the Chief Coroner for Ontario; (coroner en chef) mine means a mine as defined in the <i>Occupational Health and Safety Act</i>; (mine) mining plant means a mining plant as defined in the <i>Occupational Health and Safety Act</i>; (Installation minière)</p>	<p>Add the following:</p> <ul style="list-style-type: none"> <li>♦ “Chief Forensic Pathologist” means the Chief Forensic Pathologist for Ontario.</li> <li>♦ “Pathologist” means a legally qualified medical practitioner certified by the Royal College of Physicians and Surgeons of Canada or equivalent as a specialist in anatomical or general pathology.</li> </ul>
<p>Minister means the Solicitor General; (ministre)</p>	<ul style="list-style-type: none"> <li>♦ “Ontario Forensic Pathology Service” means the branch of the Office of the Chief Coroner of Ontario, directed by the Chief Forensic Pathologist that provides all forensic pathology services in Ontario, pursuant to completing post mortem examinations under a coroner’s warrant.</li> </ul>
<p>Same-sex partner means a person of the same sex with whom the deceased was living in a conjugal relationship outside marriage immediately before his or her death, if the deceased and the other person,</p> <ol style="list-style-type: none"> <li>had cohabited for at least one year,</li> <li>were together the parents of a child, or</li> <li>had together entered into a cohabitation agreement under section 53 of the <i>Family Law Act</i>; (partenaire de même sexe)</li> </ol>	<ul style="list-style-type: none"> <li>♦ “Death Investigation Advisory Council” is the governing body, which has oversight for Ontario’s death investigation system.</li> </ul>
<p>Spouse means a person of the opposite sex,</p> <ol style="list-style-type: none"> <li>to whom the deceased was married immediately before his or her death,</li> <li>with whom the deceased was living in a conjugal relationship outside marriage immediately before his or her death, if the deceased and the other person, <ol style="list-style-type: none"> <li>had cohabited for at least one year,</li> <li>were together the parents of a child, or</li> <li>had together entered into a cohabitation agreement under section 53 of the <i>Family Law Act</i>. (conjoint) R.S.O. 1990, c. C.37, s. 1; 1999, c. 6, s. 15 (1).</li> </ol> </li> </ol>	

## SECTION – DEATH INVESTIGATION ADVISORY COUNCIL

Current Act	Proposed Changes
	<p>(1) The Lieutenant Governor in Council may establish a governing body to have oversight for the death investigation system in Ontario known as the Death Investigation Advisory Council.</p> <p>(2) The Chair of the Death Investigation Advisory Council shall be a judge of the Ontario Superior Court of Justice appointed by the Lieutenant Governor in Council.</p> <p>(3) Membership of the Council shall be determined by Regulation.</p> <p><i>{The Regulation shall list the membership as follows:</i></p> <ul style="list-style-type: none"> <li>♦ Judge of the Superior Court of Justice, to act as Chair of the Council;</li> <li>♦ <i>The Chief Coroner and the Chief Forensic Pathologist will be ex officio members of the Council;</i></li> <li>♦ <i>The Director of Quality of the OCCO will be an ex officio member of the Council;</i></li> <li>♦ <i>The president and CEO of a health care corporation;</i></li> <li>♦ <i>The Dean of Medicine of an Ontario medical school or his/her delegate;</i></li> <li>♦ <i>A nominee of the Minister of Health and Long Term Care;</i></li> <li>♦ <i>A nominee of the Attorney General of Ontario;</i></li> <li>♦ <i>The Director of the Centre of Forensic Sciences or his/her delegate;</i></li> <li>♦ <i>The President of the Ontario Association of Pathologists;</i></li> </ul>

Current Act	Proposed Changes
	<ul style="list-style-type: none"><li>♦ <i>The President of the Ontario Coroners Association;</i></li><li>♦ <i>Four (4) members of the public as nominated by the Chair and appointed by the Lieutenant Governor-in-Council}</i></li></ul>

**SECTION – CHIEF FORENSIC PATHOLOGIST AND DUTIES**

Current Act	Proposed Changes
	<p>The Lieutenant Governor in Council may appoint a pathologist to be the Chief Forensic Pathologist for Ontario who shall,</p> <ul style="list-style-type: none"><li>(a) Direct the Ontario Forensic Pathology Service</li><li>(b) Supervise and direct all pathologists performing post mortem examinations under a coroner's warrant</li><li>(c) Conduct programs for the instruction of pathologists in their duties</li><li>(d) Prepare, publish and distribute a code of ethics for the guidance of pathologists</li><li>(e) Maintain a registry of all pathologists who perform post mortem examinations under coroner's warrant.</li></ul>

**SECTION – DEPUTY CHIEF FORENSIC PATHOLOGISTS**

Current Act	Proposed Changes
	<p>The Lieutenant Governor in Council may appoint one or more pathologists to be the Deputy Chief Forensic Pathologists for Ontario, who may act as and have all the powers and authority of the Chief Forensic Pathologist during the absence of the Chief Forensic Pathologist or his or her inability to act.</p>

## SECTION 10 – DUTY TO GIVE INFORMATION

Current Act	Proposed Changes
<p><b>Persons in custody</b></p> <p>(4) Where a person dies while detained by or in the actual custody of a peace officer or while an inmate on the premises of a correctional institution, lock-up, or place or facility designated as a place of secure custody under section 24.1 of the <i>Young Offenders Act</i>(Canada), the peace officer or officer in charge of the institution, lock-up or place or facility, as the case may be, shall immediately give notice of the death to a coroner and the coroner shall issue a warrant to hold an inquest upon the body. R.S.O. 1990, c. C.37, s. 10 (4).</p>	<p><b>Persons in custody</b></p> <p>(4) Where a person dies while detained by or in the actual custody of a peace officer or while an inmate on the premises of a correctional institution, lock-up or place or facility designated as a place of secure custody under section 24.1 of the <i>Young Offenders Act</i> (Canada), the peace officer or officer in charge of the institution, lock-up or place or facility, as the case may be, shall immediately give notice of the death to a coroner. <i>The coroner shall issue a warrant to hold an inquest upon the body, where the manner of death is not natural. Where the death is natural, the coroner shall investigate the circumstances of the death and, if as a result of the investigation the coroner is of the opinion that an inquest ought to be held, the coroner shall issue his or her warrant and hold an inquest upon the body.</i></p>
<p><b>Notice of death resulting from accident at or in construction project, mining plant or mine.</b></p> <p>(5) Where a worker dies as a result of an accident occurring in the course of the workers employment at or in a construction project, mining plant or mine, including a pit or quarry, the person in charge of such project, mining plant or mine shall immediately give notice of the death to a coroner and the coroner shall issue a warrant to hold an inquest upon the body. R.S.O. 1990, c. C.37, s. 10 (5).</p>	<p><b>Notice of death resulting from accident at or in construction project, mining plant or mine</b></p> <p>(5) Where a worker dies as a result of an accident occurring in the course of the worker's employment, the employer shall immediately give notice of the death to a coroner and the coroner shall investigate the circumstances of the death <i>and, if as a result of the investigation the coroner is of the opinion that an inquest ought to be held, the coroner shall issue his or her warrant and hold an inquest upon the body.</i></p>

## SECTION 18 – RELEASE OF INFORMATION

Current Act	Proposed Changes
<p><b>Inquest unnecessary</b></p> <p>(1) Where the coroner determines that an inquest is unnecessary, the coroner shall forthwith transmit to the Chief Coroner, and a copy to the Crown Attorney, a signed statement setting forth briefly the result of the investigation, and shall also forthwith transmit to the division registrar a notice of the death in the form prescribed by the <i>Vital Statistics</i>.</p>	<p>(3) The Chief Coroner or delegate may release relevant findings of the coroner's investigation if the Chief Coroner believes on reasonable grounds that it is necessary to advance public safety.</p>
<p><b>Record of investigations</b></p> <p>(2) Every coroner shall keep a record of the cases reported in which an inquest has been determined to be unnecessary, showing for each case the identity of the deceased and the coroner's findings of the facts as to how, when, where and by what means the deceased came by his or her death, including the relevant findings of the <i>post mortem</i> examination and of any other examinations or analyses of the body carried out, and such information shall be available to the spouse, same-sex partner, parents, children, brothers and sisters of the deceased and to his or her personal representative, upon request. R.S.O. 1990, c. C.37, s. 18 (2); 1999, c. 6, s. 15 (2).</p>	



## SECTION 28 – POST MORTEM EXAMINATION AND ANALYSIS

Current Act	Proposed Changes
<p>(1) A coroner may at any time during an investigation or inquest issue a warrant for a <i>post mortem</i> examination of the body, an analysis of the blood, urine or contents of the stomach and intestines, or such other examination or analysis as the circumstances warrant. R.S.O. 1990, c. C.37, s. 28 (1).</p>	<p>(1) A coroner may at any time during an investigation or inquest issue a warrant for a post mortem examination of the body. A coroner and/or pathologist may request analysis of the blood, urine or contents of the stomach and intestines, or such other examination or analysis as the circumstances warrant.</p>
<p><b>Report</b></p> <p>(2) The person who performs the <i>post mortem</i> examination shall forthwith report his or her findings in writing only to the coroner who issued the warrant, the Crown Attorney, the regional coroner and the Chief Coroner and the person who performs any other examination or analysis shall forthwith report his or her findings in writing only to the coroner who issued the warrant, the person who performed the <i>post mortem</i> examination, the Crown Attorney, the regional coroner and the Chief Coroner. R.S.O. 1990, c. C.37, s. 28 (2).</p>	<p><b>Report</b></p> <p>(2) The pathologist who performs the <i>post mortem</i> examination shall forthwith report his or her findings in writing only to the coroner who issued the warrant, the regional coroner, the Chief Coroner and the Chief Forensic Pathologist or his or her delegate.</p> <p>(3) The person who performs any other examination or analysis shall forthwith report his or findings in writing only to the pathologist, the coroner who issued the warrant, the regional coroner the Chief Coroner, and the Chief Forensic Pathologist or his or her delegate.</p> <p>(4) The regional coroner, the Chief Coroner or designate shall forward to the Crown Attorney for all non-natural deaths the results of the post mortem examination and the report of any other examination or analysis.</p>

## **A P P E N D I C E S**

- A. Report of the: Joint Coroner and Pathologist Working Group on the Provision of Forensic Pathology Services in Ontario, January 2008
- B. Position Paper, August 29, 2007
- C. Autopsy Report Peer Review Form
- D. Canadian Quality Criteria for the Public Sector – Overview Document (“NQI”)
- E. Proposal to Establish a Centre for Forensic Medicine and Science at the University of Toronto, dated February 6, 2008
- F. Accountability and Oversight Flow Charts
- G. Oversight and Accountability Chart

# APPENDIX A



# **FORENSIC PATHOLOGY SERVICES IN ONTARIO**

## **Report of the:**

Joint Coroner and Pathologist Working Group  
on the Provision of Forensic Pathology Services in Ontario

Office of the Chief Coroner for Ontario

January 2008

**Members of the Working Group:**

Dr. David Chiasson	Director of the Ontario Pediatric Forensic Pathology Unit Hospital for Sick Children
Dr. John Fernandes	Forensic Pathologist Hamilton Regional Forensic Pathology Unit
Dr. David King	Forensic Pathologist Hamilton Regional Forensic Pathology Unit
Dr. Bert Lauwers	Regional Supervising Coroner Toronto West
Dr. William (Bill) Lucas	Regional Supervising Coroner Central
Dr. Andrew McCallum	Regional Supervising Coroner East
Dr. Jacqueline Parai	Forensic Pathologist Provincial (Central) Forensic Pathology Unit
Dr. Michael Pollanen (Co-Chair)	Chief Forensic Pathologist for Ontario
Dr. Bonita Porter (Co-Chair)	Chief Coroner for Ontario
Dr. Mike Shkrum	Director of the Southwestern Regional Forensic Pathology Unit
Ms. Dorothy Zwolakowski	Executive Officer to the Chief Coroner

**Ex-officio Members of the Forensic Pathology Working Group:**

Dr. Dimitrios Divaris	Past President Ontario Association of Pathologists
Dr. Dirk Huyer	Ontario Coroners Association

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## DEFINITION

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The forensic pathology service in Ontario is/ought to be:

- A collaboration of pathologists in Forensic Pathology Units and community hospitals in Ontario who provide medicolegal autopsy services under a coroner's warrant for postmortem examination.
- Administered by the Chief Forensic Pathologist and the Provincial (Central) Forensic Pathology Unit in the Office of the Chief Coroner through the provision of service agreements with Forensic Pathology Units based in University teaching hospitals.
- Mandated to provide independent and unbiased expert opinions
- Part of the death investigation system, but professionally independent.

## MISSION

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- Our mission is to deliver the highest quality forensic pathology service to the death investigation and the criminal justice system of Ontario.

## VALUES

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- We are dedicated to **teamwork**.
- We are committed to **quality**.
- We have a progressive **vision for the future**: We are open to change and consideration of new ideas that may challenge current thinking.
- We are dedicated to **ethics**: We have a commitment to uphold the ethical practice of medicine and to provide balanced and reasonable expert opinions and testimony.

## GOALS

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1. To provide, promote and assist in the provision of forensic pathology services in Ontario.
  - 1.1. Provide: By performing autopsies in the Provincial Forensic Pathology Unit and overseeing forensic pathology services in the Forensic Pathology Units.
  - 1.2. Promote: By developing policies and guidelines to facilitate the provision of autopsy services in the Forensic Pathology Units and community hospitals.
  - 1.3. Assist: By providing an expert consultation service for forensic pathology and administering a review system for autopsy reports.

2. To provide, promote and assist in the provision of education and professional development in forensic pathology.
  - 2.1. Provide: By offering postgraduate training in forensic pathology through affiliation with the Department of Laboratory Medicine and Pathobiology at the University of Toronto, as well as in other universities/academic health science centres.
  - 2.2. Promote: By participating in local, regional, national and international activities for the development and application of forensic pathology.
  - 2.3. Assist: By participating in integrated training of pathologists and coroners and educational programmes for other members of the death investigation team and participants in the criminal justice system.
3. To promote the development of knowledge in forensic pathology and related fields through:
  - 3.1. Affiliation of the Provincial Forensic Pathology Unit with the University of Toronto.
  - 3.2. Encouraging scholarly activities and research in forensic pathology in Regional Forensic Pathology Units.

## **THE FUTURE: DIRECTION, RESOURCES, AND EDUCATION<sup>1</sup>**

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### **DIRECTION**

**Improve the direction and oversight of forensic pathology services:** The Chief Forensic Pathologist should be defined in the *Coroners Act* and would be responsible and accountable for the provision of forensic pathology services for the death investigation and criminal justice systems.

**Improve policies and guidelines for pathologists:** Improve forensic pathology quality by guidelines and quality-based review processes.

**Strengthen autopsy services:** Improve forensic pathology quality by clarifying the roles of the Forensic Pathology Units and community hospitals and standardizing operating procedures.

### **RESOURCES**

**Acquire and effectively manage resources for the forensic pathology service:** Enhance the quality of forensic pathology service by providing resources that match expectations and promote the use of Tele-Pathology.

### **EDUCATION**

**Strengthen education in forensic pathology:** Foster the development of an evidence-based culture in forensic pathology in Ontario and Canada.

**Strengthen the relationship of the Provincial Forensic Pathology Unit with the University of Toronto, and its satellite units with their affiliated universities:** Establish the Forensic Pathology Units as the premier Canadian centres for postgraduate training in forensic pathology.

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<sup>1</sup> A preliminary version of these future directions was ratified by the senior management of the Office of the Chief Coroner and presented to the Forensic Services Advisory Committee. The preliminary version was provided to the *Commission of Inquiry into Pediatric Forensic Pathology in Ontario*.



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**DIRECTION**

*IMPROVE THE DIRECTION AND OVERSIGHT OF FORENSIC PATHOLOGY SERVICES: The Chief Forensic Pathologist should be defined in the Coroners Act and should be responsible and accountable for the provision of forensic pathology services for the death investigation and criminal justice systems.*

*IMPROVE POLICIES AND GUIDELINES FOR PATHOLOGISTS: Improve forensic pathology quality by guidelines and quality-based review processes.*

*STRENGTHEN AUTOPSY SERVICES: Improve forensic pathology quality by clarifying the roles of the Forensic Pathology Units and community hospitals and standardizing operating procedures.*

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**1. The Chief Forensic Pathologist should be defined in the Coroners Act**

On an operational level, our system of death investigation is comprised of two coordinated professional activities: death investigations performed by coroners (20,000/year) and autopsies performed by pathologists (7,000/year, including ~400 cases investigated as criminally suspicious cases or homicides). The autopsies are performed for the death investigations under the direction of a coroner's warrant for postmortem examination. However, the *Coroners Act* does not define a role for pathologists.

Forensic pathologists are best qualified to direct forensic pathology services in Ontario.

The plan for the future should be:

- The Ontario *Coroners Act* should be amended:
  - i. To include the Chief Forensic Pathologist, and Deputy Chief Forensic Pathologists<sup>2</sup>
  - ii. The Chief Forensic Pathologist should be appointed by Order in Council, accountable to the Chief Coroner, to direct forensic pathology services.

**2. Development of an Ontario Forensic Pathology Service****a. Development of a Forensic Pathology Advisory Committee**

To encourage participation in decision-making and a collaborative approach to forensic pathology in the forensic pathology service, a Forensic Pathology Advisory Committee should be developed. The Committee should include Directors of the Forensic Pathology Units and relevant stakeholders.

**b. Continued improvement of quality processes**

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<sup>2</sup> The precise wording can be established later but could be similar to that of Chief Coroner and Deputy Chief Coroners as recognized in the Act). In particular to include sections such as:  
sec 4(1)c: conduct programs for the instruction of 'pathologists' in their duties  
sec 4(2): The Lieutenant Governor in Council may appoint one or more 'pathologists' to be Deputy Chief 'Forensic Pathologists' for Ontario who may act as and have all the powers and authority of the Chief 'Forensic Pathologist' during the absence of the Chief 'Forensic Pathologist' or his or her inability to act.

c. **Continued enhancement of the relationship with the Regional Forensic Pathology Units**

*Details to be developed.*

d. **Improvement of autopsy services in communities**

We need to re-assess and improve the provision of autopsies services considering our overall objectives, the best use of resources, and geography.

e. **Registry Development**

The Chief Forensic Pathologist will develop and maintain a registry of pathologists credentialed to do coroners autopsies.

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## **RESOURCES**

*ACQUIRE AND EFFECTIVELY MANAGE NEW RESOURCES FOR FORENSIC PATHOLOGY SERVICES: Enhance the quality of forensic pathology service by providing resources that match expectation and promote the use of Tele-Pathology.*

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### **3. Create a funding model and budget**

- Recognition that there is a direct relationship between the quality of the medicolegal autopsy service and the resources provided to forensic pathology
- The budget for forensic pathology services should be separate from resources provided for other coroner services.

### **4. Ensure salary parity for forensic pathologists**

- The MCSCS should join the LMFFA. This will ensure salary parity for all forensic pathologists in the province.
- A blended model of remuneration for forensic pathologists in the Provincial (Central) FPU which would include the LMFFA-based salary and fee-for-service income from coroner autopsies performed on weekends and statutory holidays.

### **5. Recruitment and development of a career structure for pathologists**

- The Ontario Forensic Pathology Service should have a hierarchical structure that mirrors the regionalized coroner's services and allows pathologists to develop a long-term career path. The hierarchical structure would allow the Chief Forensic Pathologist to concentrate on policy, quality, and educational mandates while the Deputy Chief Forensic Pathologists provide professional direction and consultation to the FPUs.
- Such a hierarchical structure would facilitate recruitment and retention of forensic pathologists who want to develop a career in forensic pathology.

### **6. Modernization of facilities**

Autopsy facilities that support the death investigation system should undergo modernization.

1. Physical plant modernization
2. Secure facilities to ensure continuity of evidence and biohazard containment
3. Safe work environment for staff

## **EDUCATION**

*STRENGTHEN EDUCATION IN FORENSIC PATHOLOGY: Foster the development of an evidence-based culture in forensic pathology in Ontario and Canada.*

*STRENGTHEN THE RELATIONSHIP OF THE PROVINCIAL FORENSIC PATHOLOGY UNIT WITH THE UNIVERSITY OF TORONTO AND ITS SATELLITE UNITS WITH THEIR AFFILIATED UNIVERSITIES: Establish the Forensic Pathology Units as the premier Canadian centres for postgraduate training in forensic pathology.*

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### **7. Improvement of professional development programmes**

Promote evidence-based forensic pathology as the preferred basis for the provision of expert opinions.

### **8. Training pathologists for the specialist qualification in forensic pathology**

The Royal College of Physicians and Surgeons of Canada has recently created a specialist qualification in forensic pathology. The Central and Regional Forensic Pathology Units should develop university partnered fellowship training programmes. We must secure perpetual funding for forensic pathology fellowship positions.

## **APPENDIX B**



## **Position Paper**

August 29, 2007

**The Office of the Chief Coroner will be proposing recommendations to the Goudge Inquiry based on two principles.**

1. The fundamental goal is to continue to improve the quality of death investigation in the Province of Ontario to further public safety and the administration of justice, and to maintain public confidence in the Office of the Chief Coroner.
2. This goal can be accomplished by building on the current organizational structure of the Office of the Chief Coroner.

### **Discussion:**

**The forensic pathology services in the Province of Ontario were integrated into the Office of the Chief Coroner in 1994 as one of a number of initiatives to improve the investigations of complex cases.**

### **Endorsements:**

1. The late Mr. Justice Archie Campbell in Chapter 4 of his report: *The Secret Killing of Tammy Homolka*: endorsed this integration.

**"All of these initiatives are relevant in the sense that they strengthen the particular areas- training, interdisciplinary teamwork and the cause of death determination that came into play in the investigation of Tammy Homolka's death"**

Page 101- chapter 4- The Secret Killing of Tammy Homolka.

**"Continuation and support is required for the work of the Chief Coroner's office in developing, for unexplained and suspicious deaths, an interdisciplinary approach to integrate the work of the police, coroners, forensic scientists and forensic pathologists. "**

The Bernardo Investigation Review - The Report of Mr. Justice Archie Campbell, June 1996. Recommendation #7.

2. In 1998, the Honourable Fred Kaufman released his findings on the inquiry he conducted into the wrongful conviction of Guy Paul Morin. In his report he discusses the Campbell model of case management. He states:

**"I respectfully endorse the Campbell model and urge the continued movement to its earliest implementation in this province"**

The Commission on Proceedings Involving Guy Paul Morin Report Volume 2, Page1121.

3. Recognition and understanding of the unique contributions of each of the members of the team in a particular case is a critical part of achieving a high quality death investigation and ensuring the best result for the stakeholders of this public service. For example, in the case of a homicide where there is a proceeding in the criminal courts, the forensic pathologist has the central role in the performance of autopsy and the provision of expert testimony. The coroner is rarely called to give evidence in these cases. In the case of a natural death at home, the coroner with his/her medical expertise may complete the purpose of the death investigation without requiring a post mortem.

### **Concluding Principle:**

The current Directorate believes that the overall quality of death investigation can be further improved within the existing model and structure of the Office of the Chief Coroner. This can be accomplished by adding resources to the coroner and forensic pathology services, by strengthening educational programs for those who deliver these services in Ontario and clarifying oversight responsibilities.

#### Directorate:

Dr. Barry McLellan	- Chief Coroner
Dr. Bonita Porter	- Deputy Chief Coroner, Inquests
Dr. James Cairns	- Deputy Chief Coroner, Investigations
Dr. Michael Pollanen	- Chief Forensic Pathologist

# APPENDIX C



Ontario Forensic Pathology Service

**AUTOPSY REPORT PEER REVIEW FORM**

NAME:

A #:

OCC#:

PATHOLOGIST:

REGIONAL  
CORONER:

**ITEMS REVIEWED**

	Yes	No	N/A
Autopsy report	✓		
Photographs			
Microscopic slides			
Toxicology report			
Other: specify			

**AUTOPSY REPORT FORMAT**

	Yes	No	N/A
Injuries described			
Disease described			
Diagnosis list or narrative summary present			

**PHOTOGRAPHS**

	Yes	No	N/A
Does the description of the injuries reasonably match the photographs?			

**ANCILLARY TESTING**

	Yes	No	N/A
Histology			
Toxicology			
Radiology			

**RELATED DOCUMENTATION**

	Yes	No	N/A
Documentation of retained tissue			
Documentation of ancillary reports			
Documentation of samples (e.g., hair, swabs)			

**REVIEW OF EXPERT OPINIONS**

	Yes	No
Is the cause of death independently reviewable?		
Do you agree with the cause of death?		
Do you agree with the other medicolegal opinions?		

The pathologist who performed the autopsy is responsible for providing testimony on the autopsy report.

Dated on

Michael S. Pollanen, M.D., Ph.D., FRCPath, DMJ (Path), FRCPC  
Chief Forensic Pathologist



Jacqueline L. Parai, MD, MSc., FRCPC  
Forensic Pathologist

Toby H. Rose, M.D., FRCPC  
Forensic Pathologist

## **APPENDIX D**



National  
Quality  
Institute

Institut  
national  
de la qualité

## CANADIAN QUALITY CRITERIA FOR THE PUBLIC SECTOR – OVERVIEW DOCUMENT

Full Criteria including all criteria points and 'Tips for deployment'  
are available as part of the Canada Awards for Excellence Application Package available at:  
[www.nqi.ca/nqistore/product\\_details.aspx?ID=117](http://www.nqi.ca/nqistore/product_details.aspx?ID=117)

### ABOUT THE CRITERIA

The National Quality Institute (NQI) developed the Canadian Quality Criteria for the Public Sector with assistance from professionals from across the public service. The Criteria serves as a framework for effective public service organizations and agencies at all levels, including government departments, schools and school boards, hospitals, police forces, etc. Copyrighted to the Institute, the Canadian Quality Criteria is recognized around the world and used by organizations in all sectors across Canada. As part of our extensive research for the development of the Criteria, we investigated the workings of successful organizations across all sectors.

The Canadian Quality Criteria for the Public Sector is a comprehensive and practical framework for improvement and achieving effective citizen/client-focused service or product delivery. It is founded on the Quality Principles. It also serves as the basis for adjudication of the public sector Quality Awards, under the banner of the *Canada Awards for Excellence* program; the *Canada Awards for Excellence* are Canada's own awards for recognizing outstanding achievement. More and more government, education, health care and other public sector organizations are putting the Criteria into action and discovering the power of continuous improvement.

Organizations everywhere are becoming increasingly aware of the high cost of poor quality. The key to achieving desired results is to use the total "Framework" of Criteria as a roadmap for Quality Improvements, with Section Seven - Organizational Performance in the Criteria identifying outcomes from the efforts made to improve and sustain improvements in citizen/client-focused service delivery. (For ease of use, the generic term "organization" has been used throughout the Criteria; if the term is not commonly used within your structure, simply think of it in the normal way you describe your organization, for example: department or agency.)

We promote awareness and education on the Canadian Quality Criteria for the Public Sector through the provision of products and services. Based on the *Canadian Criteria* we deliver a highly popular seminar (<http://www.nqi.ca/Courses/public.aspx>) on the intent of the *Canadian Criteria* as well as other workshops to help organization move forward on Excellence.

For more information about the Institute, our services and products, or on the *Canada Awards for Excellence* program, please contact us at: National Quality Institute 2275 Lake Shore Blvd. West, Suite 307, Toronto, ON M8V 3Y3 [www.nqi.ca](http://www.nqi.ca)

**Questions?** Please at [info@nqi.ca](mailto:info@nqi.ca) or call 1-800-263-9648. (local to Toronto please call 416-251-7600)

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Full Criteria including all criteria points and 'Tips for deployment' are available as part of the Canada Awards for Excellence Application Package available at: [www.nqi.ca/nqistore/product\\_details.aspx?ID=117](http://www.nqi.ca/nqistore/product_details.aspx?ID=117)

2/23/07

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## **THE QUALITY PRINCIPLES**

These Principles form the foundation for long-term quality improvement and permeate the Criteria.

### **LEADERSHIP THROUGH INVOLVEMENT AND BY EXAMPLE**

Developing a quality approach involves transforming both thinking and behavior. This can only be achieved if the management is actively involved in facilitating, reinforcing and leading the changes necessary for improvement.

### **PRIMARY FOCUS ON CLIENT/STAKEHOLDERS**

To achieve goals, the primary aim of everyone must be to fully understand, meet and strive to exceed the needs of clients and stakeholders.

### **COOPERATION, TEAMWORK & PARTNERING**

Teamwork is nurtured and recognized. Co-operation, within and between public service organizations and inside and outside sector borders is a cornerstone for the development of win-win relationships.

### **PROCESS ORIENTED AND PREVENTION-BASED STRATEGY**

Any organization, in any sector, is made up of a network of independent processes, that add value. Improvement is achieved through changing these processes to improve the total system. Managing by focusing purely on results alone is fruitless, since results are determined by the system in use. If the system is not changed in a fundamental way, the results will not improve. To facilitate long-term improvements, a mindset of prevention rather than correction must be applied to eliminate the causes of errors and waste.

### **FACTUAL APPROACH TO DECISION MAKING**

Decisions are based upon measured data and an understanding of the cause and effect mechanisms at work. They are not simply based on instinct, authority or anecdotal data.

### **CONTRIBUTION OF EACH AND EVERY INDIVIDUAL**

Everyone must have the opportunity to use his or her creativity and make a positive contribution to the pursuit of excellence.

### **CONTINUOUS IMPROVEMENTS OF METHODS AND OUTCOMES**

No matter how much improvement has been accomplished, there are always practical ways of doing even better, and of providing improved service delivery or products.

### **OBLIGATIONS TO STAKEHOLDERS, INCLUDING A CONCERN FOR RESPONSIBILITY TO SOCIETY**

An organization is seen as part of society, with important responsibilities to satisfy the expectations of its people and all other stakeholders.

### **RESPECT FOR THE INDIVIDUAL & ENCOURAGEMENT FOR PEOPLE TO DEVELOP THEIR FULL POTENTIAL**

Critical for quality improvement are the values that foster mutual respect between people who work together; communication and personal development are directly related to these values.

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## **CRITERIA OVERVIEW**

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### **SECTION ONE - LEADERSHIP**

This section focuses on those who have primary responsibility and accountability for the organization's performance, usually referred to as senior management. Good leadership is based on a foundation of ethics and values that reflect quality principles.

### **SECTION TWO - PLANNING**

This section examines business planning (which incorporates improvement plans), the linkage of planning to strategic direction/intent, the implementation and the measurement of performance to assess progress.

### **SECTION THREE – CITIZEN/CLIENT FOCUS**

This section examines the organization's focus on client-centered service and/or product delivery, to achieve client/stakeholder satisfaction.

### **SECTION FOUR – PEOPLE FOCUS**

This section examines the development of a human resource plan for meeting the goals of the organization, and achieving excellence through people. Also examined are the organization's efforts to foster and support an environment that encourages people to reach their full potential. People are the prime resource of any organization and success is directly related to how the organization develops its human resources. Treating people in the organization with respect and trust, and providing them with the opportunity to contribute ideas or speak out on issues of concern, without fear of retribution, are of paramount importance.

### **SECTION FIVE - PROCESS MANAGEMENT**

This section examines how work is organized to support the organization's strategic direction, with a focus on the management of key processes as well as continuous improvement. Process management applies to all activities within the organization, in particular to "key" processes; those that are critical for success and normally have a major impact on meeting citizen/client needs. Process improvement priorities are derived from goals established within the improvement plan. Processes are value-adding transformations involving people and other resources such as materials and information. Processes may be of two basic types: service related or product related. Service processes include data and information, and the expertise to transform them into value for the client. Product related processes include the raw materials and expertise from various functions to manufacture the product. Other factors include customer requirements, measurement data, team effectiveness, levels of individual knowledge and skills,

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leadership, training and development etc. It is important to focus on the key processes and to simplify and prioritize these processes as they relate to the primary mission of the organization. It is these key processes that need to be continually analyzed and improved.

## **SECTION SIX – SUPPLIER/PARTNER FOCUS**

This section examines the organization's external relationships with other organizations, institutions and/or alliances that are critical to its meeting its strategic objectives.

## **SECTION SEVEN – ORGANIZATIONAL PERFORMANCE**

This section examines the outcomes from the overall efforts for quality improvement, and their impact on organizational accomplishments.

## **ABOUT NQI**

### **Vision**

To be a global leader in promoting and building organizational excellence

### **Mission Statements**

#### **Canada Awards for Excellence Mission Statement**

To inspire organizations by promoting excellence and showcasing their success as role models in an interdependent global economy that benefits all Canadians

#### **National Quality Institute (NQI) Mission Statement**

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# **APPENDIX E**

## **Proposal to Establish a Centre for Forensic Medicine and Science at the University of Toronto<sup>1</sup>**

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<sup>1</sup> A preliminary version of the document was presented to the Dean of Medicine on January 9, 2008.



Steering Committee to establish a Centre for Forensic Medicine and Science at the  
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*Chief Forensic Pathologist for Ontario*

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Peter Collins MD

*Associate Professor of Psychiatry*

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*Director, Forensic Science Program*

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*Adjunct Professor Forensic Science*

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## SUMMARY

'Forensic medicine and science' refers to a heterogeneous set of disciplines that have the common goal of providing evidence to assist in the administration of justice. The forensic disciplines occur when the traditional branches of science and medicine intersect with the Law. In the last 10 years, there has been an explosion of theoretical and applied research leading to astounding new developments in the forensic arena. Although forensic medicine and science are established disciplines within the University of Toronto, there is at present no University-wide policy for cohesive and coordinated advancement of education and research activities in these disciplines.

We propose to establish an extra-departmental unit – the Centre for Forensic Medicine and Science at the University of Toronto. The Centre will unify the currently disparate forensic community, coordinate knowledge-based initiatives, and create an environment that fosters interdisciplinary scholarly activity and research. The Centre will develop and coordinate forensic educational programs across the entire training spectrum and through inter-professional education in allied Faculties.

The vision of the Centre will be to create the leading collaborative organization for forensic research and education in the North America. The mission of the Centre will be to contribute to the development of a rigorous empirical basis for forensic medicine and science.

We propose to construct the Centre using a 'hub and spoke'-model. The 'hub' will be an advisory group and the Director. We propose that the 'hub' should also be characterized by physical space on campus to facilitate educational activities, seminar participation and collaborative meetings in a discrete location. The Director and advisory group will provide the basis for initiating and facilitating collaborative activities between the 'spokes' – that form the principle branches of forensic disciplines – for the Centre. The five main disciplinary branches will be:

- (1) Forensic pathology
- (2) Forensic psychiatry and psychology
- (3) Forensic science
- (4) Forensic pediatrics
- (5) Allied Hospital and Faculty partners

The first goal of the Centre will be to provide an institutional infrastructure to *unify the forensic community*. The main strategies include the development a seminar series for the wider University of Toronto community to promote cohesion and interest in forensic medicine and science. In addition, the Centre will promote evidence-based forensic medicine and science to advance justice, domestically and internationally.

The second goal of the Centre will be to *create and deliver diverse education programs*. The main strategy will include the delivery of inter-professional and cross-faculty education in forensic medicine and science. This will include creating and delivering continuing education for physicians and lawyers. The Centre will also play a major role in developing a post-graduate medical education curriculum and fellowships in forensic medicine for specialty programs.

The third goal of the Centre will be to *create and foster research collaborations*. Strategies will include development of a strategic network to promote investigation of 'leading-edge' forensic issues that are capable of extramural funding.

We believe that the Centre for Forensic Medicine and Science at the University of Toronto will be the focal point for forensic medicine and science in Ontario and Canada.

## FORENSIC MEDICINE AND SCIENCE: THE LEADING EDGE

### The rise of forensic disciplines

'Forensic medicine and science' refers to a heterogeneous set of applied disciplines that have the common goal of providing evidence to assist in the administration of justice. Indeed, forensic means *of the public legal forum* and reminds us that forensic disciplines occupy a strange and unique hybrid status in science – forensic disciplines are the subject areas that occur in the overlap or boundary zones between traditional branches of science and the Law. On this basis, forensic disciplines are by definition inter-disciplinary. Each forensic discipline is an applied science of a root discipline and represents a sub-specialization of that discipline, e.g., forensic pathology is part of the medical discipline of pathology.

In the last 10 years, great developments have occurred in the forensic community that has led to the rise of forensic disciplines. Consequently, the various branches of forensic medicine and science are currently at a key stage in their evolution as independent disciplines of science. There have been three exciting large-scale developments.

First, the forensic disciplines are now more defined by their *forensic* prefix, rather than their root discipline. For example, many of the modern approaches in the sub-disciplines such as *forensic anthropology* and *forensic pathology* have more in common now with each other than the root disciplines from which they derive, i.e., an increasing emphasis on the *forensic* rather than the *pathology* or the *anthropology*.

Second, there are astounding new developments in various forensic areas including the development of new models and new ideas. The latter includes the development of new experimental models, new approaches to forensic genetics, and the creation of new paradigms for forensic evidence. Classical controversies and problems have become re-invigorated by new research.

Third, there has been exponential growth in the peer-reviewed literature<sup>2</sup> over the last ten years. The rate of growth has mirrored other developing areas in bioscience including the new neurosciences. Table 1 shows the rate of publication in the peer-reviewed literature since the 1970s.

Table 1. Forensic Publications per 5-year interval.

Years	Number
1970-1975	1724
1976-1980	1831
1981-1985	1923
1986-1990	2441
1991-1995	3507
1996-2000	5105
2001-2005	8098

Although the rise in the peer-reviewed literature goes across forensic sub-disciplines, the greatest growth has been seen with forensic pathology and science. Forensic pathology and science constitutes about 70% of the publications in any given year. Table 2 shows the forensic subcategories in the peer-reviewed literature.

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<sup>2</sup> Data from PUBMED, November 2007.

Table 2. Article Classification by Discipline (one-year).

Classification	Number of Articles
Forensic Science	423
Forensic Pathology	259
Forensic Toxicology	105
Forensic Medicine	88
Forensic Anthropology	58
Forensic Odontology	35
Forensic Entomology	13
Historical	9
<b>Total</b>	<b>990</b>

### Forensic Science

In a courtroom in Toronto in 1993, a tremor occurred which has set off a seismic wave in Canadian forensic science and criminal law. The tremor was the first case in which DNA evidence was used in Canada to identify the perpetrator of a rape-homicide of a child<sup>3</sup>. Since then, DNA analysis has become a standard tool in any major criminal investigation where biological material is available.

The inherently scientific nature of DNA typing makes it a highly reliable form of forensic evidence, compared with many other traditional analytic approaches to forensic evidence. Thus, the higher empirical standard of DNA evidence has produced the need for all other forensic disciplines to move towards a new scientific paradigm. The law was quick to respond to this new forensic tool by setting a higher legal standard for the admission of new evidence into a courtroom. The standards include determining if the methods had been: (i) tested (and if error rates and/or standards exist); (ii) published and peer-reviewed; (iii) generally accepted in the relevant scientific community. Recently, the Supreme Court of Canada has determined that the legal test for new or novel evidence can be applied to evidence that has traditionally been accepted by courts in Canada<sup>4</sup>.

Therefore, it is now gaining general acceptance that the traditional forensic sciences can no longer rely upon the long-held assumption of reliability and utility. On this basis, there is a coming paradigm shift, based in part on the empirical nature of DNA and the numerous wrongful convictions, which it has disclosed.<sup>5</sup> The shift will be towards *scientific validation* of reliability, rather than the *assumption* of reliability.

Currently there is no branch of forensic science, which has an empirical-scientific foundation, as strong and reliable as DNA analysis. Thus, the main unsolved fundamental problem emerges: to establish a satisfactory empirical-scientific basis for all branches of forensic medicine and science.

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<sup>3</sup> *R. v. Terceira (J.)* (1998) O.A.C. LEXIS 171, 107 O.A.C. 15.

<sup>4</sup> *R. v. Trochym* [2007] 1 S.C.R. 239, 2007 SCC 6.

<sup>5</sup> M.J. Saks and J.J. Koehler, "The Coming Paradigm Shift in Forensic Identification Science" (2005) 309 Science 892.

## **Forensic Medicine**

The single most important leading-edge issue in forensic medicine is defining a firm empirical-scientific basis for forensic pathology and forensic pediatrics. In general, there have been two general approaches that have been used contribute to progress in this area. First, there is increased commitment to developing an evidence-based framework. Second, there are increasing efforts to develop research in forensic pathology, rather than solely concentrating on case reports and other anecdotal sources of knowledge. For example, there is increased use of advanced investigative techniques to address in forensic pathology research questions. Also, experimental models are being used, more than ever before, to study fundamental issues in forensic pathology.

Another 'leading edge'-issue in forensic medicine is how forensic medicine can protect and promote human rights and sustain international justice. From a forensic perspective, the 20<sup>th</sup> century has defined a new role for forensic medicine. First, we have seen the use of forensic methods to identify people killed in natural disasters, such as the Tsunami, and also civilians that have been killed in armed conflicts. Second, we all know that forensic medicine has been used to investigate crimes against humanity such as in Kosovo and Bosnia. These two applications have created a new subspecialty of forensic medicine<sup>6</sup>: the forensic analysis of genocide and mass killing.

As we move through the 21<sup>st</sup> century, it is apparent now more than ever before, that the forensic approach to investigating international violence is a very effective tool in the struggle for Human Rights and supporting the Rule of Law. By its very nature, forensic medicine is a search for the truth, often in circumstances that are emotionally charged or controversial. This truth-seeking approach accords well with the need for objectivity when dealing with suspicious deaths in police custody, extra-judicial executions, and deaths caused by government persecution of its citizens.

## **VISION AND MISSION**

The vision of EDU will be to *create the leading collaborative centre for forensic research and education in North America.*

The mission of the Centre will be to *contribute to the development of a rigorous empirical basis for forensic medicine and science.*

## **SCOPE**

The scope of the Centre will be broad and multi-disciplinary. The Centre will unify the forensic community, coordinate knowledge-based initiatives, and create an environment that fosters interdisciplinary research. The Centre will develop forensic educational programs across the entire training spectrum and through inter-professional education in allied Faculties. The forensic disciplines in the scope of the Centre will include:

- (1) Forensic pathology
- (2) Pediatric forensic pathology
- (3) Forensic neuropathology
- (4) Forensic psychiatry and psychology
- (5) Forensic archeology
- (6) Forensic anthropology
- (7) Forensic dentistry
- (8) Forensic radiology

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<sup>6</sup> This new sub-specialty is an amalgamation of forensic pathology, archeology, anthropology, and other human identification sciences.

- (9) Forensic pediatrics
- (10) Forensic nursing
- (11) Forensic science
- (12) Clinical forensic medicine
- (13) Forensic aspects of mass killing
- (14) Military medicine

## **NEED FOR THE CENTRE**

There are five main reasons why the proposed Centre will benefit the University of Toronto and beyond:

- (1) Creation of a unified forensic community at the University of Toronto.
- (2) To fill a vacuum in forensic research, since no research collaborations or independently funded research programs currently exist.
- (3) To organize educational programs including continuing professional development programs in forensic disciplines where none exist at present.
- (4) To explore why forensic evidence has contributed to miscarriages of justice in Ontario and beyond and offer solutions to these problems.
- (5) To educate academic and lay communities about the scope and limits of forensic evidence (the 'CSI effect').

The way forward in the development of forensic disciplines at the University of Toronto is to create an environment that will foster excellence in forensic medicine and science. The Centre will provide the basis for that fostering and development by filling a void in education and research. External stakeholder groups will incur benefits including the strengthening of the criminal justice system. The Centre will be a model for forensic inter-disciplinarity for other universities.

### ***The Centre will unify the forensic community***

The forensic community at the University of Toronto is disparate and geographically scattered amongst various institutions and hospitals. This has resulted in a community, which is not unified and has little communication across disciplinary lines. Thus, while forensic pediatricians and forensic pathologists might testify in criminal court on the same cases, there are no substantive educational or research linkages between the disciplines at the University-level. Similarly, although all physicians in forensic practice confront the same issues with expert witness testimony, there are no common educational programs for physician expert witnesses.

There are many issues common to all forensic disciplines. These include requirement for a solid basis in research and scientific rigor, proper training and recognition of the scientific expert, understanding of quality assurance issues, and the ability to present evidence coherently to the Court. The Centre will help codify good practices across the disciplines and facilitate communication between different types of forensic experts.

The lack of a common institutional base has greatly limited communication and professional collaboration. This has been to the detriment of forensic efficacy. The Centre will bring the forensic community together, thereby unlocking opportunities and providing new challenges to members of the forensic community.



### ***The Centre will spark forensic research***

Surprisingly, there is a major forensic research vacuum in Canada. There are only a few scattered and isolated investigators and there are no large-scale research collaborations. At the University of Toronto, there are no ongoing forensic research collaborations or are there any are independently funded forensic research projects or programs. There have been three major impediments to developing research projects and programs at the University of Toronto. First, there has traditionally been a strict dedication to clinical service commitments and a lack of emphasis on scholarly activities (e.g., pathologists focusing on performing autopsies, rather than balancing service duties with scholarly activities). Second, the lack of cohesion in the forensic community resulting in lost opportunities to develop collaborative research or identify research problems. Finally, it is a fact that forensic research does not easily fit into the predetermined categories of national research funding portfolios. For example, it is not clear which of the tri-council agencies has a mandate for forensic pathology. However, this has changed in recent years with an increased emphasis on interdisciplinary research.

The vacuum in forensic research has been recently emphasized by the complete absence of any forensic genomic research at the University of Toronto. This is remarkable since the University of Toronto is one the most important sites for genomic research in the world. In the past, there was a recognized sudden infant death syndrome (SIDS) research group at the University of Toronto (Hospital for Sick Children), but this research program has long since been dormant. The Centre will spark new research initiatives at the University of Toronto.

### ***The Centre will co-ordinate and develop educational programs***

One of the main mandates of the Center will be the development of educational programs across the University campus. Although there is already a well-developed degree program in the forensic sciences, there is no regular and coordinated forensic education in the professional faculties (Medicine, Nursing, and Law). Postgraduate training exists in forensic pathology and forensic psychiatry and to a limited extent in forensic pediatrics. There is great room for expansion and coordination of educational effort among pathology, pediatric and psychiatry. In addition, the Royal College of Physicians and Surgeons has just ratified a subspecialty certification in forensic pathology. This is a huge advancement in forensic medicine in Canada – the Centre is well situated to be the leader in developing a training site for this subspecialty certification. Similar efforts can be developed along similar lines in forensic pediatric and clinical forensic medicine in the pediatrics and emergency medicine specialties, respectively.

The Centre can also be instrumental in outreach education to the: public; police; crown attorneys; defense lawyers; Office of the Chief Coroner, Centre of Forensic Science; and the general medical community

### ***The Centre will help prevent miscarriages of justices***

Several public inquiries into wrongful convictions including *Report of the Kaufman Commission on Proceedings Involving Guy Paul Morin* have recommended research and knowledge discovery as a preventative measure for miscarriages of justice. Unfortunately, Canadian universities have not been responsive to these recommendations.

In a recent Ontario case, a man called William Mullins-Johnson<sup>7</sup> was wrongly convicted of raping and murdering his 4-year old niece, Valin Johnson. However, upon review of the case it became apparent that the forensic experts misinterpreted the autopsy findings. After an appeal hearing, it

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<sup>7</sup> This is one of the cases that precipitated the *Inquiry into Pediatric Forensic Pathology in Ontario*, established under the Public Inquiries Act on April 25, 2007. The mandate is a systemic review of provincial pediatric forensic pathology services and to recommended improvements.



was clear that the flawed evidence used to convict the man could not sustain his conviction. The conviction was quashed. In their reasons for judgment, the three-member panel of the Ontario Court of Appeal wrote:

It is now clear that there is not and never was any reliable pathological evidence that Valin was sexually assaulted or otherwise abused during her short life and certainly not on the evening of her death. It is also now clear that there is no evidence to support a finding of homicidal asphyxia, the cause of death proffered at trial. While the cause of Valin Johnson's death remains undetermined, there is now no evidence to suggest it was the result of any crime. That Mr. Mullins-Johnson was arrested, and convicted of first degree murder and spent twelve years in prison because of flawed pathology evidence is a terrible miscarriage of justice.

The misinterpretation of the autopsy findings was corrected by the growth of knowledge in the ensuing years after the conviction of William Mullins-Johnson<sup>8</sup>. Specifically, research in forensic pathology in the post-conviction time period cast scientific doubt on the reliability of the medical evidence presented at trial. This case illustrates a fundamental principle in forensic medicine and science: the development of new knowledge through research is the best way to prevent and correct miscarriages of justice based on flawed forensic medical or scientific evidence. The more frequent example is exculpatory DNA fingerprinting in post-conviction DNA testing in rape-homicide cases e.g., David Milgaard<sup>9</sup> case.

On this basis, the Centre can foster meaningful research projects and programs that test the foundation of central ideas, beliefs and dogma in forensic medicine and science. This can be achieved by developing new analytical methods and techniques, providing an environment to facilitate novel discoveries, and developing new ideas. In this way, the Centre will help prevent miscarriages of justices.

***The Centre will help educate the public and address the CSI effect***

Some investigators have attributed the apparent rise in acquittals in criminal trials to the 'CSI effect'. The CSI effect is named after a popular television program, which chronicles the use of forensic evidence to "get the bad guy". It is said that this television show (and others similar to it) have raised the public's expectations in regards to forensic science. Jurors are said to be acquitting more people because the forensic evidence as presented to them in a trial in no way approaches the level that they are accustomed to 'experiencing' on these television shows. Others have argued that the CSI effect has served to educate the public and that perhaps these acquittals were warranted, given that the public is generally more educated about the limits of forensic science than in the past. To date, there has been no empirical or scientific research on whether the CSI effect exists or not. All of the rhetoric as to its existence has been anecdotal.

The Centre with its many constituents will be well placed to conduct research into whether the CSI effect exists or not. Regardless of the existence of the CSI effect, it is certain that the public has received much of its education about forensic science from the popular media. The Centre will have as one of its roles a mandate to educate the public about all aspects of forensic science. The many specialists who will comprise the Centre can easily offer public lectures, seminars, and continuing education.

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<sup>8</sup> *R. v. Mullins-Johnson* (2007) ON C.A. 720

<sup>9</sup> Reference re Milgaard (Can.), [1992] 1 S.C.R. 866

## GOALS

### Goal #1: Unify the forensic community and promote the evidence-based framework

#### Objectives

- (1) Develop a regular general educational seminar series for the wider University of Toronto community to promote cohesion and interest in forensic medicine and science.
- (2) Promote evidence-based forensic medicine to advance domestic, social and international justice.
- (3) Develop outreach professional initiatives in the law enforcement community.

#### Strategies

There are two fundamental principles that will foster the unification of the forensic community at the University of Toronto and beyond. First, is the concept of inter-disciplinarity. Since forensic fields are essentially inter-disciplinary, most forensic professionals and scholars are favorably predisposed to collaborative and cross-disciplinary perspectives. This will facilitate developing a cohesive community, unified by the Centre and its core staff. We simply need to tap into this innate inter-disciplinary view. Second, all initiatives must be cast within the evidence-based theoretical framework, since this represents the modern paradigm for forensic investigation and research. The main mechanism for publicly developing the university forensic community and promoting the evidence-based framework is a weekly seminar series. This seminar series would be for the entire university community and deal with three types of issues: (i) foundational forensic issues; (ii) leading edge issues and controversies; and (iii) results of research and scholarly work by the Centre.

Furthermore, it is important that any large-scale initiative in forensic medicine and science include a mechanism to advance international and social justice. In the 21<sup>st</sup> century, we now know that forensic medicine and science has a pivotal role to play in international criminal justice and Human rights missions. For example, forensic methods have been increasingly applied in the disaster victim identification (DVI) efforts (e.g., Indian Ocean Tsunami). In addition, forensic pathology and anthropology have been instrumental in international criminal prosecutions in *ad hoc* war crime tribunals. Members of the steering committee have been involved in several UN-sponsored international missions and have collaborative ties with the International Criminal Court in The Hague. Therefore, one important strategy is to develop the forensic community and promote an evidence-based focus that will include developing ties with international organizations that use forensic professionals such as the International Criminal Court, the United Nations and non-governmental organizations. This will allow key professionals and scholars affiliated with the Centre to contribute to the greater landscape of forensic medicine and science to promote international justice. The Centre can host national and international working groups and hold symposia on 'leading-edge' issues thereby fostering the productive use of the forensic disciplines (e.g., recent initiatives with The Missing by the International Committee of the Red Cross [ICRC]).

Establishing professional outreach initiatives with the law enforcement community is vital in order to establish extra-mural relevance of the activities of the Centre. This can be accomplished by developing liaisons with regional, provincial and international policing agencies. For example, the steering committee associated with this proposal has substantive contacts with the Ontario Provincial Police and INTERPOL. One important initiative that has yet to be developed in Ontario is the systematic approach to Cold Cases. The Centre could contribute to the development of strategies and provide expertise for Cold Case initiatives.

**Goal #2: Create and deliver diverse educational programs in forensic medicine and science.**

**Objectives**

- (4) Create and deliver inter-professional and cross-faculty undergraduate forensic education.
- (5) Create and deliver continuing medical and legal education for physicians and lawyers in forensic medicine and science.
- (6) Develop a post-graduate medical education curriculum and fellowships in forensic medicine for specialty programs at the University of Toronto.
- (7) Create a website for the Centre with the ability to webcast educational events and research seminars to other institutions.

**Strategies**

There are currently no educational programs for forensic medicine and science in the Faculty of Medicine, Faculty of Law, or the Faculty of Art and Science at the St. George or Scarborough Campuses. There is an undergraduate forensic science program at the University of Toronto at Mississauga. The latter program is an important partner to the Centre and will form the main platform to co-ordinate forensic science initiatives. However, at present, the Forensic Science Program lacks dedicated faculty, physical space, graduate students and post-doctoral fellows. It is likely that the synergy between the Centre and the Forensic Science Program will greatly benefit both, including providing collaborations to strengthen the latter.

The Centrecational activities of the Centre can be divided along the Centrecational spectrum and across the relevant Faculties.

<u><b>Faculty</b></u>	<u><b>Degree, program</b></u>	<u><b>Main educational strategies</b></u>
UTM	BSc, forensic science	Delivery of core lectures in introductory courses; redevelopment of FSC401; expansion of course offerings
Law	JD	Create forensic curricula targeted to relevant issue (e.g., expert witnesses, forensic evidence, miscarriages of justice)
Arts & Science (St. George)	BSc, pathobiology	Create a 4 <sup>th</sup> year course on <i>Pathobiology of trauma and injury</i>
Medicine	MD	Create a one-week duration <i>legal medicine</i> curriculum for the 2 <sup>nd</sup> year of the PBL curriculum
Medicine	Allied health professional programs (e.g., physiotherapy)	Create forensic curricula targeted to the relevant professional groups
Nursing	BSc, nursing	Create forensic curricula targeted to forensic nursing and legal issues in nursing
Medicine	Royal College Residency training programs	Create forensic curricula targeted to the relevant specialties (e.g., Pathology, Pediatrics, Emergency Medicine etc)
Medicine	Royal College Fellowship in forensic pathology	Develop and implement (first programs to be accredited in July 2008)

Medicine & other faculties	MSc and PhD	Develop graduate research in forensic areas
Medicine	Continuing medical education for pathologists and other physicians	Create regular symposia and workshops
Law	Continuing legal education for prosecutors, defense lawyers and jurists	Create regular symposia and workshops

In addition, we need to create a website for the Centre with the ability to webcast educational events and research seminars to other institutions. This will be a major educational vehicle and will promote digital collaboration with people beyond the University of Toronto campus environment.

The Centre can also be a 'resource hub' to provide speakers and experts for the extra-mural education efforts of other organizations such as the Criminal Lawyers Association, Crown Attorney groups, and other professional development programs.

In Forensic Psychiatry, the last 10-15 years have seen a profusion of good clinical research into risk assessment and management of violent and sexual offenders; now the focus is more on a developmental/basic science understanding of the principal risk-enhancing diagnoses, e.g., psychopathy and the paraphilias. However, what is urgently needed is better knowledge transfer to other players in the extended mental health-criminal justice system. This specifically applies to professionals working in 'general mental health' as our increasing knowledge base, in a risk-sensitive or even risk-averse society, has led to others eschewing or abandoning patients that seem to present with forensic issues. This has led to tremendous expansion of the forensic system, and increasing partition of this system from the general mental health system.

### **Goal #3: Create and foster forensic research collaborations.**

#### **Objectives**

- (8) Create a strategic network of research collaborations on 'leading-edge' issues in forensic medicine and science that are capable of extramural funding.
- (9) Recruit, foster, and fund graduate students and post-doctoral fellows in forensically-relevant research areas.
- (10) Create funded undergraduate and summer research opportunities in forensically-relevant research areas.

#### **Strategies**

The main strategy will be to identify research areas that can benefit from the expertise in the Centre and then to facilitate research collaborations with an emphasis on an inter-disciplinary approach. For example, the forensic psychiatry and forensic pathology groups are well developed as clinical services but have comparatively little translational research activity. Furthermore, basic science-type research initiatives can be based on identified forensic or legal problems that have been identified by clinical and courtroom experience.

One important operational strategy is to form collaborative groups that are focused on well-defined problems that are amenable to scientific analysis or hypothesis-driven research (e.g., experimental approaches). Defining such groups and research agendas should focus on developing pilot data that makes the projects (or research programs) viable for extra-mural grant funding application. This implies the need to have some pool of funds to generate pilot research data.

In addition to the three main federal granting agencies, there are other organizations that may provide funding for forensically-based research. Such agencies include: scientific funding agencies, international organizations that have mandate for Human rights and social justice; and domestic justice organizations. Such agencies include: NIH, NIJ, WHO, UNESCO, Institute of Peace Studies, and government ministries.

Although forensic genetics is probably the best example, every forensic discipline—anthropology, ballistics, botany, chemistry, computer science, entomology, fluidics, toxicology—has seen and will continue to enjoy rapid advancement in recent years. Even within forensic genetics there remains huge untapped potential for further curiosity driven and applied research in such fields as microfluidics, nanotechnology, and the genetics of common characteristics.

Some major research themes that can be developed by the Centre include:

- (1) Collaborative/translational studies in forensic medicine
- (2) Clinicopathological studies (e.g., retrospective and prospective case series)
- (3) Forensic genomics
- (4) Cellular and molecular pathology of injury
- (5) Ethics and philosophy of forensic medicine
- (6) Translational legal-medical issues (e.g., causation, expert witnesses, miscarriage of justice)
- (7) Forensic aspects of injury (clinical and pathological)
- (8) Epidemiology of injury and violence
- (9) Basic mechanism of physical injury and healing
- (10) SIDS
- (11) Genetic susceptibility to injury
- (12) Interprofessional forensic services (forensic nursing)
- (13) Forensic aspects of skeletal biology and pathology
- (14) Medical jurisprudence
- (15) Miscarriages of justice and forensic evidence
- (16) Human identification
- (17) Genocide studies
- (18) Postmortem medical imaging (virtual autopsy)

## **OPERATIONAL MODEL**

The Centre will be constructed using a 'hub and spoke' structure<sup>10</sup> (Appendix 1). The 'hub' will consist of an advisory group and a Director/Coordinator. We propose that the 'hub' should also be characterized by physical space on campus to facilitate educational activities, seminar participation and collaborative meetings in a central location. The Director/Coordinator and advisory group will provide the basis for initiating and facilitating collaborative activities between the 'spokes', which form the principle branches of forensic disciplines for the Centre. The five main forensic disciplinary branches will be:

- (1) Forensic pathology
- (2) Forensic psychiatry and psychology
- (3) Forensic science
- (4) Forensic pediatrics
- (5) Allied Hospital and Faculty partners

Many of these radial branches or 'spokes' of the Centre are housed in traditional departments or institutions in which the *forensic* portion is a sub-specialty of a larger discipline (e.g., forensic

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<sup>10</sup> This model has been highly effective for interdisciplinary ventures at the University of Toronto. The best example is the Joint Centre for Bioethics.



pediatrics and forensic psychology are subspecialties of pediatrics and psychology, respectively). However, in many cases the *forensic* component is not nurtured or well-developed in the home department. The Centre will provide the scholarly foundation for the forensic components that are lacking in the traditional departments or institutions. The five main forensic disciplinary branches of the Centre will be defined as follows:

### ***Forensic Pathology***

The primary branch will be the Provincial Forensic Pathology Unit. The Ontario Pediatric Forensic Pathology Unit, Hospital for Sick Children will also be closely aligned with the forensic pathology branch. Both of these Forensic Pathology Units are part of the Department of Pathobiology and Laboratory Medicine in the Faculty of Medicine. The Provincial Forensic Pathology Unit, which is housed in the Office of the Chief Coroner, will be the lead organization since it is the main centre for forensic autopsies in the Province of Ontario. In addition, the Provincial Forensic Pathology Unit is the leading centre for postgraduate medical education in forensic pathology with an established international fellowship program in forensic pathology. The Provincial Forensic Pathology Unit will be the first accredited training site for the new subspecialty certification in forensic pathology offered by the Royal College of Physicians and Surgeons of Canada. The first trainees will start in July 2008. In addition, there are research activities including one MSc student involved in experimental forensic pathology, and well-established teaching commitments with the University of Toronto.

Forensic pathology is well-developed over Ontario. Each Department of Pathology in the Faculties of Medicine have Forensic Pathology Units. These Forensic Pathology Units represent important extra-mural partners that will participate in research and educational efforts.

### ***Forensic Psychiatry and Psychology***

The primary branch will be the Law and Mental Health Program at the Centre for Addiction and Mental Health and is based in the Department of Psychiatry. The mission of the Law & Mental Health is to establish the University of Toronto as an international leader in research on the causes and prevention of violence and crime among the mentally ill by conducting and encouraging research and scholarship through local, national and international collaborations; to comprehensive care to mentally disordered offenders; to supporting training in forensic in psychiatry; and to promote public safety through assessment and treatment of mentally disordered offenders in Ontario.

The program faculty is active in various other clinical and administrative settings, including: the Oak Ridge Division of the Mental Health Centre Penetanguishene; the Mental Health Court at Old City Hall, Toronto and other court settings in Toronto; the Forensic Program at the Whitby Mental Health Centre; the Department of Psychiatry at the North York General Hospital; and the Ontario Review Board. Program faculty members also provide consultations for a variety of external agencies including: the National Parole Board; the Correctional Service of Canada at various sites and various Canadian corporations. Program faculty members also consult for law enforcement and criminal justice agencies nationally and internationally. Law and Mental Health Program is well situated to provide leadership in forensic psychiatry through the Centre.

### ***Forensic Science***

The primary branch will be the Forensic Science Program, University of Toronto at Mississauga (UTM). The Forensic Science Program is the leading undergraduate educational program in Ontario and offers an honours specialist degree in forensic science. At present, there is an extensive undergraduate research program. A graduate program is currently planned. The Forensic Science Program has strong historic links with the Centre of Forensic Science. It is anticipated that the Forensic Science Program will be a major academic linkage with the non-medical and non-clinical forensic disciplines in the Faculty of Arts and Science.

### **Forensic Pediatrics**

The primary branch will be the Suspected Child Abuse and Neglect Team (SCAN) at the Hospital for Sick Children. The SCAN team will be the lead organization for medical and inter-professional education concerning child abuse. The SCAN team will also form a core of academic pediatricians that can participate in translation and observational research to clarify controversies in forensic pediatrics. The Centre could be instrumental in developing a new sub-specialty certification in forensic pediatrics, as has recently been developed for forensic pathology.

### **Institutional, Faculty and Hospital partners**

These partners will include the: Faculty of Law, Faculty of Nursing, Centre of Criminology, Joint Centre for Bioethics, and University Teaching Hospitals involved in Trauma Medicine.

The Faculty of Law will provide a focal point for inter-professional education, including joint undergraduate teaching initiatives between the Faculties of Medicine and Law. The Faculties of Law and Medicine can jointly provide a legal-perspective to certain issues in the undergraduate medical curriculum and a medical-perspective to certain issues in the undergraduate legal curriculum. Joint seminars between medical and law students can be facilitated. The faculty members in the Faculty of Law can also provide key foci for inter-disciplinary research at the leading edge of medicolegal issues such as miscarriages of justice, international Human Rights and forensic genomics.

The Faculty of Nursing will provide a base to explore and develop forensic nursing in Canada. The Centre of Criminology and the Joint Centre for Bioethics will provide bases to explore the psychosocial and ethical dimensions of issues at the leading edge of forensic science.

Clinical trauma services and trauma research groups at Sunnybrook Health Sciences Centre and St. Michael's Hospital represent fruitful areas for collaboration. These organizations are largely involved in healthcare and injury prevention, rather than forensic work. However, these partnerships can provide a solid base to explore and develop clinical forensic medicine (e.g., Emergency and Critical Care Research Program, Sunnybrook Health Sciences). In addition, developing a neurotrauma registry can for example, facilitate major research areas such as clinico-pathological studies of neurotrauma. Developing a partnership with the Emergency Medicine residency training program can also help develop clinical forensic medicine as a sub-specialty area at the University of Toronto.

### **GOVERNANCE**

The provisional governance model of the Centre includes an advisory committee and day-to-day management by a director. The advisory group will consist of five members, one member from each of the main disciplinary branches of the Centre. The advisory group will foster the goals and objectives of the Centre. The Director/Coordinator will be responsible for coordinating the education and research efforts of the Centre. This can be achieved by liaising between the five main disciplinary branches, established cross-curricular teaching opportunities between the Faculties, fostering research collaborations, and developing educational programs. The Director/Coordinator should also be actively practicing in a primary forensic service area and be involved in research and education.

The Director/Coordinator will have a key and difficult task at the Centre – to co-ordinate and unify a rather disparate group of professionals and academics that are geographically separated across the campus and allied institutions. In addition, forensic professionals and academics have traditionally identified with their home departments and organizations, despite the lack of traditional support of their work. For example, forensic pathologists have traditionally more closely identified themselves with other *pathologists* rather than other *forensic* specialists, such

as forensic psychiatrists. To some extent identification with the root discipline (pathology for forensic pathologists) is a way to stay connected to the mainstream of the field. However, this carries the price of not developing a cohesive *forensic* community that is unified around *forensic* concepts. The Director/Coordinator will need to develop an environment within the forensic community and the physical space of the Centre that emphasizes unification of a diverse group along the common forensic component of their work. The Director/Coordinator will need to be a leader and a builder. The advisory group will play an important role in providing strategic direction for the Centre, to ensure success in research collaborations and extra-mural grant funding.

Faculty associated with the Centre would be by cross-appointment (type C EDU). A home department that is associated with the supervisor will officially supervise graduate students. It is anticipated that the Centre could develop a collaborative graduate degree program within a few years of initial development.

The Centre would have many external stakeholders that will benefit from educational and research initiatives. The main stakeholders include: the police (local, regional and provincial police forces); crown attorneys; defense lawyers; Office of the Chief Coroner, Centre of Forensic Science; and the general medical community. The Centre can provide a summary of activities in an annual report.

## **RESOURCES AND INFRASTRUCTURE**

### **Budget**

One model is a type C EDU. This would define the *Centre for Forensic Medicine and Science* with substantial budgetary support to meet the goals. The putative budget can be divided into seven general areas:

- (1) Salary support for core staff
- (2) Salary support for the Director
- (3) Funds to support daily operations
- (4) Funds to support the seminar series
- (5) Funds to support visiting scholars
- (6) Funds to support pilot projects
- (7) Stipendiary support for trainees

A preliminary assessment of the resources (per year and excluding research funds) required for the putative Centre are:



Program leadership and trainee support

Director <sup>11</sup>	0.5 FTE	75,000
Program Director (Education)	0.20 FTE	30,000
Program Director (Research)	0.20 FTE	30,000
Administrative assistant and benefits	1.0 FTE	40,000
Casual Administrative support	0.25 FTE	10,000
Summer student stipends	5 @ \$4,800 pa	24,000
Graduate student stipends	3 @ 23,900 pa	71,700

Program delivery

Weekly seminar series (honoraria, expenses for visiting lectures)	10 speakers (\$1000 each)	10,000
Supplies		20,000
Presentations at national and international meetings		30,000
Interdisciplinary Pilot Research Projects funds		100,000

One-time expenses

Computers and communication equipment		Estimated 50,000
Website development, and maintenance with webcasting capabilities		Estimated 20,000
Furnishings	Highly dependent on location	Not yet determined
Refurbishment or development of space	Highly dependent on location	Not yet determined

Thus, the preliminary estimated start up cost is \$ 510,700 per annum. The budget will require support from funding mechanisms outside of the University of Toronto.

In the future, one model for the Director would be to establish a Canada Research Chair for the Centre. Another possibility includes an endowed/academic or interdisciplinary Chair.

The Centre-model would require the funds to support daily operations including consumable expenditures (e.g., computer expenses, photocopies, etc). A dedicated travel budget to facilitate extra-mural collaborations and participation in international advisory committees and working groups is also required. Many international organizations are usually non-governmental and are 'not-for-profit' and rely on host institutions to provide travels funds (e.g., International Criminal Court).

Funds to support the seminar series and special symposia are essential. This would include infrastructure to support the regular seminar series. In addition, the Centre-model approach would need funds to support special symposia such as continuing professional development. Funds to support guest speakers will provide a mechanism to bring new knowledge from the forensic 'leading-edge' to the University of Toronto community. This will be a mechanism to disseminate important ideas and research results in the pre-publication phase.

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<sup>11</sup> Further consultation will be required to develop the budget, including contributions toward salaries.

Funds to support visiting scholars will provide a mechanism to encourage collaboration with outside organizations. This will be a major mechanism to promote the development of new knowledge. This is important because it emphasizes an important mechanism to generate new ideas stemming from productive dialogue.

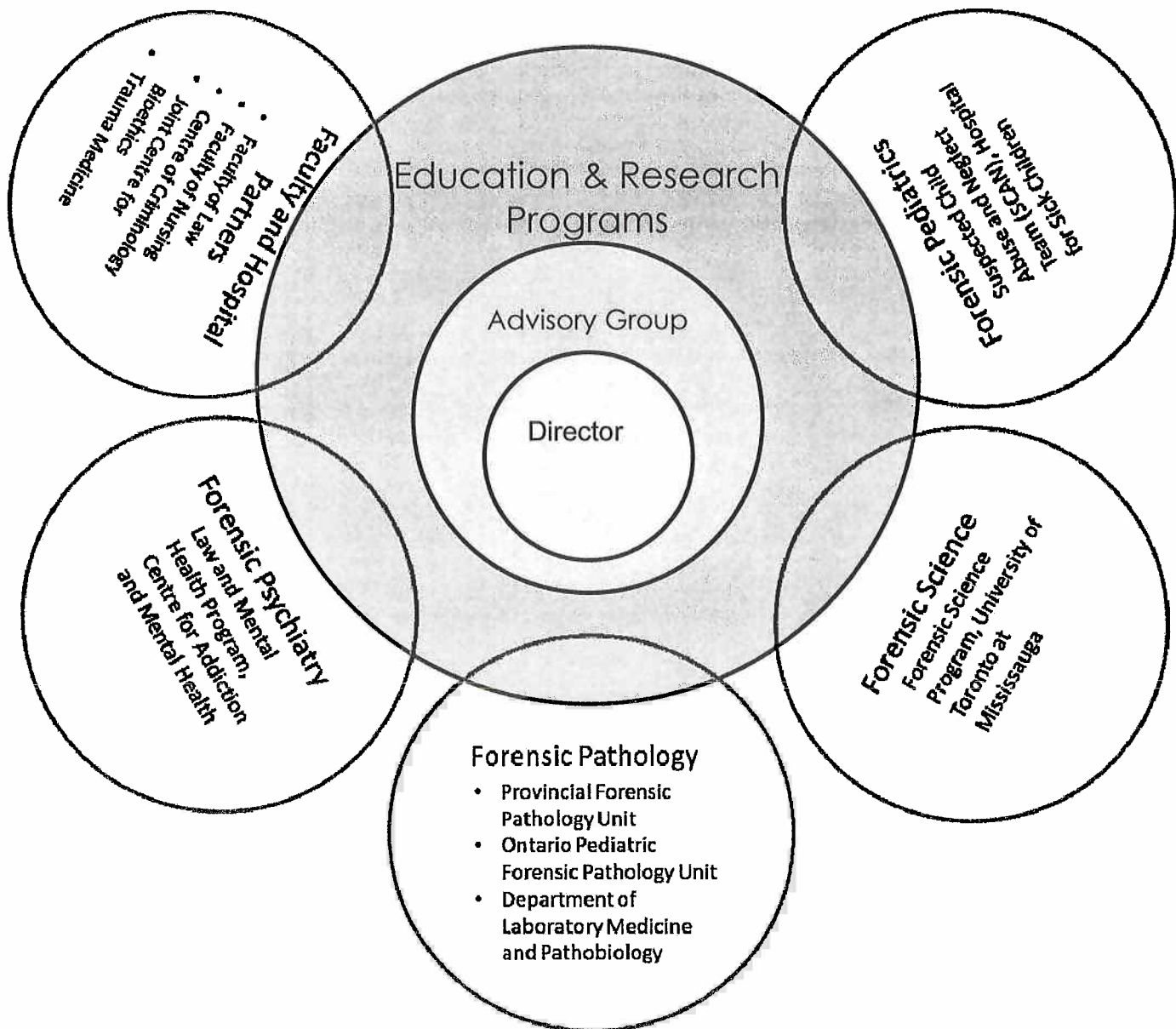
The Centre-model for the Centre would require dedicated physical space on the St. George campus or in the Discovery District. The basic facilities required include basic office space, presentation/seminar space, and communal meeting space to encourage collaboration. The basic office facilities would need to include space for the Director, administrative staff, visitors and trainees. In addition, the initial capital outlay will require furnishings, computers, audiovisual equipment, and website development.

### **Timeline**

Key events in the upcoming development of this proposal include:

- (1) Testimony on the concept of the Centre at the Inquiry into Pediatric Forensic Pathology in Ontario (February 2008)
- (2) Submission of abbreviated proposal to Faculty of Medicine faculty council and other faculty participants including UTM, Faculty of Law (February 2008)
- (3) Retreat of key participants in the development of the Centre with facilitator Helena Axler (May 2008)
- (4) Exploration of funding sources and physical space locations

Appendix 1: Operational model for the Centre for Forensic Medicine and Science



**Appendix 2: List of people consulted on the Centre concept**

Dr. Avrum Gotlieb	Chair, Department of Laboratory Medicine and Pathobiology
Dr. Martin Evison	Forensic Science, UTM
Dr. Kathy Gruspier	Forensic Science, UTM
Dr. Michael Pollanen	Chief Forensic Pathologist for Ontario
Dr. Peter Collins	Law and Mental Health Program
Dr. Kent Roach	Law
Dr. Colleen Flood	CRC in Health Law and Policy, Law
Dr. Mike Shkrum	Forensic Pathology, UWO
Dr. Chitra Rao	Forensic Pathology, McMaster U
Dr. John Fernandes	Forensic Pathology, McMaster U
Dr. David Dexter	Forensic Pathology, Queen's U
Dr. Christopher Milroy	Forensic Pathology, Ottawa U (designate)
Dr. Jacqueline Parai	Forensic Pathology, Ottawa U (designate)
Dr. Toby Rose	Office of Chief Coroner
Dr. Bonita Porter	Office of Chief Coroner (Chief Coroner)
Dr. Noel McAuliffe	Office of Chief Coroner
Dr. Bert Lauwers	Office of Chief Coroner
Dr. Peter Singer	Centre for Global Health
Dr. Michelle Shouldice	SCAN, Hospital for Sick Children
Dr. David Chiasson	Pathology, Hospital for Sick Children
Dr. Glenn Taylor	Pathology, Hospital for Sick Children
Dr. Ernst Cutz	Pathology, Hospital for Sick Children
Ms. Ann Morgan	Ministry of the Attorney General
Mr. Shawn Porter	Ministry of the Attorney General
Dr. Mariana Valverde	Director, Centre of Criminology
Dr. Phil Klassen	Deputy Director, Law and Mental Health Program
Dr. Barry McLellan	President, Sunnybrook Health Science Centre
Dr. Catherine Whiteside	Dean, Faculty of Medicine
Dr. Gordon Rubinfeld	Trauma, Emergency and Critical Care, Sunnybrook Health Science Centre
Dr. Sioban Nelson	Dean, Faculty of Nursing
Dr. Ian Orchard	Vice-President and Principal, UTM
Dr. Ulli Krull	Vice-President (Research) and Vice-Dean (Graduate Affairs), UTM
Dr. Averill Gage	Vice-Principal (Academic) and Dean, UTM
Dr. Ray Prime*	Director, Centre of Forensic Science
Dr. Ross Upshur*	Director, Joint Centre for Bioethics

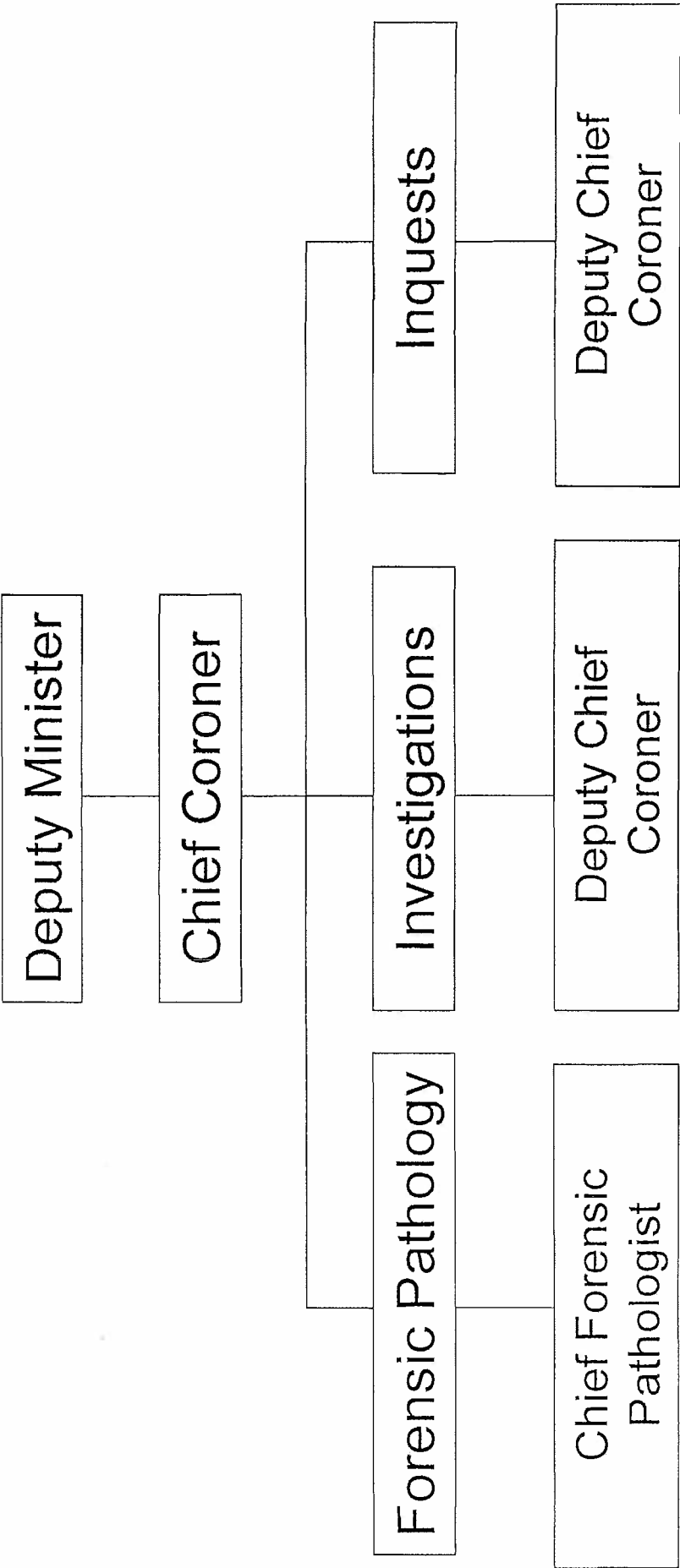
\* Discussions planned

**Appendix 3: Putative participating institutions at the University of Toronto and beyond**

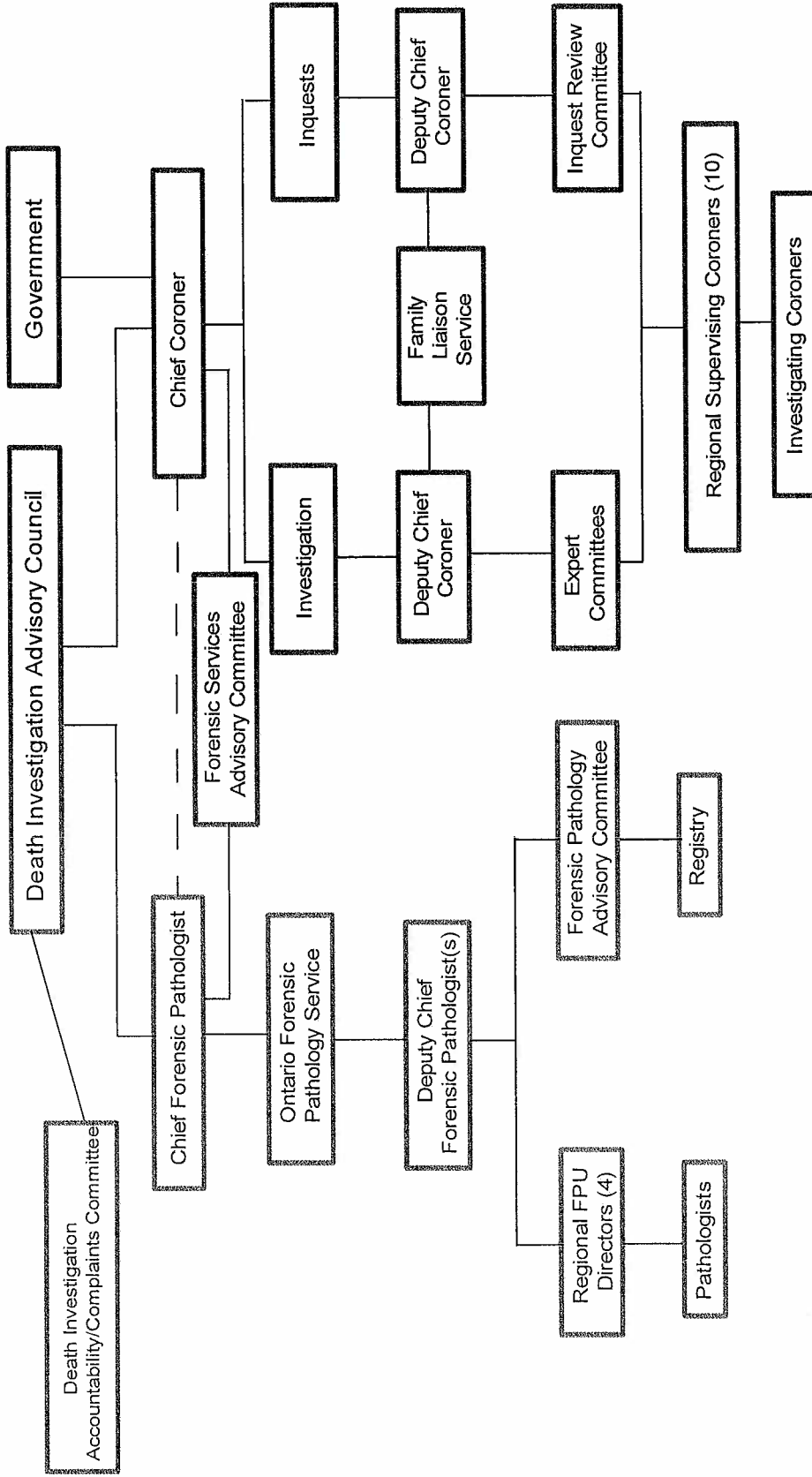
- (1) Provincial Forensic Pathology Unit, Office of the Chief Coroner
- (2) Department of Pathobiology and Laboratory Medicine
- (3) Ontario Pediatric Forensic Pathology Unit, Hospital for Sick Children
- (4) Suspected Child Abuse and Neglect team, Hospital for Sick Children
- (5) Sexual Assault and Domestic Violence Care Centre, Women's College Hospital
- (6) Joint Centre for Bioethics
- (7) Faculty of Law
- (8) Forensic Science Program, University of Toronto (Mississauga)
- (9) Trauma, Emergency and Critical Care Research Program, Sunnybrook Health Sciences Centre
- (10) Centre of Criminology, University of Toronto
- (11) Law and Mental Health Program, Department of Psychiatry
- (12) Behavioral Sciences Section, Ontario Provincial Police
- (13) Hamilton regional forensic pathology unit, McMaster University
- (14) Southwestern regional forensic pathology unit, University of Western Ontario
- (15) Eastern regional forensic pathology unit, University of Ottawa
- (16) Kingston regional forensic pathology unit, Queen's University

## **APPENDIX F**

**Accountability and Oversight Chart - CURRENT**



# Accountability/Oversight of the OCC





# **APPENDIX G**

# Office of the Chief Coroner: Oversight and Accountability

Position	Duties and Responsibility	Authority	Accountability	Oversight
<b>Chief Coroner</b>	<p>Administer the Act and the Regulations</p> <p>Supervise, direct and control all coroners in the performance of their duties</p> <p>Conduct programs for the instruction of coroners in their duties</p> <p>Bring the findings and recommendations of coroners juries to the attention of appropriate persons, agencies and ministries of government</p> <p>Prepare, publish and distribute a code of ethics for the guidance of coroners</p> <p>Perform any such duties assigned by...any other Act or regulation or by the Lieutenant Governor in Council</p>	Section 4(1) Coroners Act	<p>Reports administratively to the Deputy Minister of Emergency Planning and Management of the Ministry of Community Safety and Correctional Service regarding:</p> <ol style="list-style-type: none"> <li>1. Developing financial and resource plans for each fiscal year</li> <li>2. The Minister would continue his current function of being the final appeal to a rejection for an inquest by the Chief Coroner, pursuant to section 22 of the Coroners Act</li> <li>3. Sharing and implementation of policy for employees of Ontario's Public Service</li> <li>4. The Minister would continue to be informed of any high profile deaths which might evolve to become sensitive for government</li> </ol> <p>Death Investigation Advisory Council</p>	Death Investigation Advisory Council
<b>Deputy Chief Coroners</b>	All the powers of the Chief Coroner during the absence of the Chief Coroner or his or her inability to act	Section 4 (2) of the Coroners Act	<p>Chief Coroner</p> <p>Death Investigation Advisory Council</p>	<p>Chief Coroner</p> <p>Death Investigation Advisory Council</p>

**Office of the Chief Coroner: Oversight and Accountability**

<b>Position</b>	<b>Duties and Responsibility</b>	<b>Authority</b>	<b>Accountability</b>	<b>Oversight</b>
<b>Regional Supervising Coroners</b>	Assist the Chief Coroner in the performance of his or her duties in the region and perform such other duties as are assigned by the Chief Coroner	Section 5 (2) of the Coroners Act	Deputy Chief Coroner Chief Coroner	Deputy Chief Coroner Chief Coroner Death Investigation Advisory Council
<b>Coroners</b>	Issue a warrant to take possession of a body  View the body  Make such further investigation as is required to enable the coroner to determine whether or not an inquest is necessary  Keep a record of the cases reported  For each case, the identity of the deceased, how when where and by what means the deceased came to his death	Section 15 (2)          Section 18 (2)	Regional Supervising Coroner Deputy Chief Coroner Chief Coroner	Regional Supervising Coroner Deputy Chief Coroner Chief Coroner Death Investigation Advisory Council

# Office of the Chief Coroner: Oversight and Accountability

Position	Duties and Responsibility	Authority	Accountability	Oversight
<b>Chief Forensic Pathologist</b>	<p>Direct the Ontario Forensic Pathology Service</p> <p>Supervise, direct and control all pathologists performing post mortem examinations under a coroner's warrant</p> <p>Conduct programs for the instruction of pathologists in their duties</p> <p>Prepare, publish and distribute a code of ethics for the guidance of pathologists</p> <p>The Chief Forensic Pathologist will maintain a registry of all pathologists who may perform autopsies under a coroners warrant</p>	<p>Section 15 (4)</p> <p>Section 28 (2)</p> <p>To be appointed by an Order-in-Council under the Coroners Act</p>	<p>*Accountable to the Chief Coroner for the provision of forensic pathology services, including post mortem examinations, timely submission of reports, quality review of conclusions and opinions contained therein</p>	<p>Death Investigation Advisory Council</p>
<b>Deputy Chief Forensic Pathologists</b>	<p>All the powers of the Chief Forensic Pathologist during the absence of the Chief Forensic Pathologist or his or her inability to act</p>	<p>Section 15 (4)</p> <p>Section 28 (2)</p> <p>To be appointed by an Order-in-Council under the Coroners Act</p>	<p>Chief Forensic Pathologist</p> <p>Death Investigation Advisory Council</p> <p>*Chief Coroner</p>	<p>Chief Forensic Pathologist</p> <p>Death Investigation Advisory Council</p>
<b>Regional Forensic Pathology Directors</b>  For the purposes of these functions, the Regional Directors would be considered paid employees of the OCCO and accountable to the Chief Forensic Pathologist	<p>Assist the Chief Forensic Pathologist in the performance of his or her duties in the region and perform such other duties as are assigned by the Chief Forensic Pathologist</p>	<p>Section 15 (4)</p> <p>Section 28 (2)</p> <p>As an agent/consultant to the Chief Forensic Pathologist administering the Ontario Forensic Pathology Service</p>	<p>Deputy Chief Forensic Pathologist</p> <p>Chief Forensic Pathologist</p> <p>*Chief Coroner</p>	<p>Deputy Chief Forensic Pathologists</p> <p>Chief Forensic Pathologist</p>

# Office of the Chief Coroner: Oversight and Accountability

Position	Duties and Responsibility	Authority	Accountability	Oversight
<b>Pathologists</b>	Conduct post mortem examinations under a coroner's warrant and perform any duties arising therefrom	Section 15 (4) Section 28 (2) As an agent/consultant to the Chief Forensic Pathologist directing the Ontario Forensic Pathology Service	Regional Forensic Pathology Directors Deputy Chief Forensic Pathologists Regional Forensic Pathology Directors *Chief Coroner	Regional Forensic Pathology Directors Deputy Chief Forensic Pathologists Chief Forensic Pathologist
<b>Forensic Consultants</b> (Odontology, anthropology, etc)	Conduct examinations and perform any duties arising therefrom	Section 15 (4) Section 18 (2) As an agent/consultant to the Chief Forensic Pathologist directing the Ontario Forensic Pathology Service	Chief Forensic Pathologist *Chief Coroner regarding forensic opinions	Death Investigation Advisory Committee

- **Accountability** is the obligation to demonstrate and take responsibility for performance in light of commitments and expected outcomes.
- **Oversight** is management by overseeing the performance or operation of a person or group.