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## Interview request/request for comment for an upcoming story

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Eric Pfeifer

Tue, Aug 9, 2022 at 2:19 PM

To: Cary Aspinwall <caspinwall@themarshallproject.org>, media <media@ocme.ok.gov>

Cc: Brianna Bailey <brianna@readfrontier.com>

To: Brianna Bailey, Cary Aspinwall

Thank you for your email, dated 8/3/22.

The Office of the Chief Medical Examiner (OCME) is not a prosecutorial agency, and offer counsel on medicolegal matters to law enforcement and the judicial system (willingly, to both prosecution and defense), and myriad other state and federal agencies. To be anything other than such is anathema to the existence of an ME office. We do not criminalize anything, and our autopsy findings are made independent of influence from law enforcement in Oklahoma. The format of the death certificate as used in the United States is several decades old and its intent from inception is providing statistical information for use in public health. Over the years an "off-label" usage of the cause and manner of death fields has evolved in the U.S. and found its way into occasional use as probable cause in civil and criminal proceedings. It appears that sometimes in probable cause affidavits nationwide the cause of death and "other significant conditions" fields are rearranged. This is beyond our control. We do not comment on specific deceased individuals where their case is presently in litigation or possible re-litigation.

Indeed, the causes of miscarriages and stillbirths are complex and can include factors such as limited access to healthcare, smoking, limited prenatal care, stress, gestational diabetes and genetic factors.

The concept of causation vs. association is as old as reason and logic itself and oftentimes "established" causation derives from first recognizing an association. Pathologists (and particularly forensic pathologists) are perhaps the very physicians most experienced with these deaths because these are the only physicians in the U.S. that actually do autopsies. Because that hospital-based autopsies are becoming as rare as hen's teeth and that clinicians are increasingly reluctant to certify death certificates on their own patients, the role of determining cause of death (including associated conditions) falls increasingly onto the medical examiner. And the world's medical literature (including forensics, toxicology, histopathology, and experimental publications) is replete with evidence of an association with drugs such as methamphetamine and placental injury, fetal changes, and fetal death. Here are two:

Outcomes in pregnancies complicated by methamphetamine use

Margaret C Gorman, Kaebah S Orme, Nancy T Nguyen Edward J Kent 3rd, Aaron B Caughey

Am J Obstet Gynecol

2014 Oct;211(4):429.e1-7.

"Crystal" and Pregnancy - The Preliminary Results of a Retrospective Study on the Course of Pregnancy and Delivery of Women Consuming Methamphetamine

Uwe Schmidt, Claudia Capek , Cahit Birdir , Christine Erfurt, Katharina Nitzsche

Z Geburtshilfe Neonatol

The incidence of methamphetamine occurring in our fetus/infant population examined by the OCME is a few times greater than the that of the general autopsy population. I believe this is also the case in other large ME centers. This is something that hints at an association and warrants further research. Healthy babies are born to women with a methamphetamine use, smoking, radiation exposure, and those that use Adderall. This neither proves nor disproves an association (again, it's a multifactorial issue). Adderall (mixed amphetamines), methamphetamine, and ephedrine have very similar chemical structures, with only single moiety chemical substitutions between them. These alterations produce different clinical effects; furthermore, there is some literature that suggests an association, albeit rare, with Adderall and adverse pregnancy outcomes. The majority of our OCME determinations of cause and manner of death in fetuses and infants are either undetermined or not assigned. We recognize the conundrum of the multifactorial etiology in these deaths; nevertheless, the role of the medical examiner is to gather as much diagnostic information as possible and to keep an eye out for associations. Genetic testing is getting more difficult as companies are increasingly charging medical examiners big bucks for these assays and we do not have ready access to a clinical morphologist/geneticist, but we do save samples in a deep freeze for potential future testing.

I believe the nationally recognized experts, the participants in the various amici curiae over the years, the forensic community, and the criminal justice system should do a better job of collaborating first before jumping into the adversarial arena with one another, which happens frequently in academics and is the model of our country's justice system. Once the latter happens, it's no longer thin ice for anyone. The ice breaks.

Sincerely,

Eric Pfeifer, MD

Chief Medical Examiner

State of Oklahoma

Aug. 2, 2022

[Quoted text hidden]