

Ross Reichard, MD



Current position:

Chief Medical Examiner, Southern MN Regional Medical Examiner's Office

Vice Chair of Quality, Department of Laboratory Medicine and Pathology, Mayo Clinic

Associate Professor of Pathology, Mayo Clinic Alix School of Medicine

President, American Association of Neuropathologists

Chair, CAP Forensic Pathology Committee

Education history:

College: Centre College, Danville, KY

Medical School: University of Louisville, Louisville, KY

Residency: AP/NP, UT Southwestern Medical Center, Dallas, TX

Credentialing year: Stanford University, Stanford, CA

FP Fellowship: Office of the Medical Investigator (OMI), Albuquerque, NM

HOW DID YOU INITIALLY BECOME INTERESTED IN FORENSIC PATHOLOGY?

Forensic pathologists (FPs) provided the introductory lectures of our 2nd year medical school pathology course, and they invited us to attend an autopsy. A friend and I attended our first autopsy, which turned out to be an exhumation of a potential child abuse case (from an adjacent state), because the mother had been accused of injuring another child. The team involved in the case included FPs, a forensic anthropologist, autopsy techs, and law enforcement. They found injuries that hadn't been previously appreciated and the importance of these findings was profound. The significant ramifications of FPs making hard decisions and the subsequent real-life consequences was the essence of my first autopsy experience. The importance of the profession of FPs to individual people and the greater community resonated with my career and life goals.

Once I was hooked on FP, any "spare" time I had during medical school was spent at the Medical Examiner (ME) Office. During the spring of my 2nd year of medical school, I had an afternoon off each week for a part of semester. Fortuitously, the afternoon off coincided

with brain cutting which was followed by review of microscopic slides from the prior weeks. These interesting neuropathology cases were frequently a key component of the most challenging autopsy cases and coupled with my first autopsy experience set the hook, and I decided on pursuing a medical career in AP/NP/FP.

Of course, my truly incredible experiences as a medical school student would not have happened without a myriad of mentors, but in particular: Drs. Tracey Corey, George Nichols, Joseph Parker, Mark LaVaughn and Bill Smock. In addition, the importance of the support staff is often under-appreciated. The front office staff that welcomed a nervous medical student and the patient autopsy techs teaching evisceration also demonstrated why working in an ME office was a good place to be.

WHAT IS THE MOST REWARDING ASPECT OF BEING A FORENSIC PATHOLOGIST?

I walked out of the courtroom of a northern NM town and a woman walked up to me as if she knew me, said “thank you”, and hugged me. I had no idea who she was until she elaborated that it was her daughter that I had just testified about. She appreciated that I had spoken for her daughter, regardless of the outcome of the trial. Talking with families and being the objective source of information to them is my FP north star.

WHAT HAS BEEN YOUR MOST MEMORABLE CASE AND WHY?

Before he was found deceased, the family had already created a website to stop carjacking and the TX Rangers were asking the public for leads. A no-show for a meeting in west TX and attempted use of his credit cards was their clue something was terribly awry. Found in the rural desert of NM, duct tape around his mouth, and a contact gunshot wound of the back of his head further raised concerns for a robbery and homicide. Oddly, a short distance from the body, a small gun attached to balloons was found caught in a cactus. Several investigative and autopsy findings suggested this was unlikely to be a homicide. The attachment of balloons to “hide” a gun was a part of a recent storyline in a CSI TV episode. Ultimately it was determined that this was an elaborate suicide staged to appear as a homicide. All reminiscent of the Sherlock Holmes story “The Problem of Thor Bridge”.

WHAT HAS BEEN THE MOST UNEXPECTED FINDING YOU HAVE ENCOUNTERED DURING A CASE?

Most ME cases have an unexpected finding, which is what keeps the work intriguing and engaging. Sure, we have refined differential diagnoses in our minds before the autopsy that are often correct, but the unexpected findings that explain what happened to the person are the most rewarding. Just last week, for example, a 55 year-old-woman that left work because of feeling ill (ie. concern for COVID) was found dead at home. The autopsy revealed a ruptured berry aneurysm and we were able to provide an answer to her husband.

WHAT ARE YOUR HOBBIES AND HOW DO YOU MAINTAIN A WORK-LIFE BALANCE?

I am a life-long swimmer. In college I had a passion for distance races (e.g. 500 free and 1650 free) and during residency developed the hobby of marathon swimming. I participated regularly in marathon swims all around the world for about 10 years, culminating in swimming the English Channel. I still swim “more days than not” and a great day most often starts with a good swim. I have adopted the “get up earlier” strategy to help maintain my regular swimming, which keeps exercise as part of my daily routine.