CORONERS’ INVESTIGATIONS: POST MORTEM EXAMINATIONS

Dr Peter Ellis
7 Bedford Row

CORONER’S POWERS

- S14(1) Coroners & Justice Act 2009

- Senior Coroner may request a suitable practitioner to make a PME [or second & subsequent PME’s]

SUITABLE PRACTITIONER

- S14(3) CJA 2009

- A registered medical practitioner; or

- Where a particular kind of examination is required, a practitioner designated by Chief Coroner as suitable
**IMPROPER OR NEGLIGENT TREATMENT**

- S14(4) CJA 2009
- Where Senior Coroner is informed death caused wholly or partly by improper or negligent treatment by doctor or other person, that doctor or person must not make or assist at the PME;
- But he or she is entitled to be represented at it

**SUSPECTED HOMICIDE**

- Coroners [Investigations] Regulations 2013 Reg 12
- Where coroner informed by a chief officer of police that a homicide is suspected, coroner must consult that police officer about who should make the PME

**TIMING OF PME**

- Coroners [Investigations] Regulations 2013 Reg 11
- PME requested under s14(1) CJA 2009 must be made as soon as reasonably practicable
NOTIFICATION OF PME

- Coroners [Investigations] Regulations 2013, Reg 13(3):
  - Next of kin or PR
  - Regular medical practitioner
  - If death in hospital, the hospital
  - If reportable accident or disease, the enforcing authority
  - Govt dept or chief officer of police if coroner notified in advance

ATTENDING PME

- Coroners [Investigations] Regulations 2013, Regs 13(4)(5):
  - Representative of any person notified under Reg 13(3), or if a doctor, himself or herself
  - Any other person, including trainee doctors and medical students, with coroner’s permission

TIMING OF REPORT

- S14(5) CJA 2009
- Result of PME must be reported to coroner as soon as practicable
- See also ‘Standards for Coroners’ pathologists in post-mortem examinations of deaths that appear not to be suspicious’ [RC Path 2014]
SECOND PME’S
- Falls within scope of senior coroner’s powers under s14(1) CJA 2009
- Family of deceased – relatively unusual in healthcare cases
- R v S London Coroner ex parte Ridley – 2nd PME not contrary to inquisitorial nature of proceedings
  - coroner’s possession of body did not give coroner exclusive right to hold PME
- Potential defendant in homicide case

SECOND PME’S
- Costs of pathologist – usually borne by applicant
- NB Costs of instructing solicitor to instruct pathologist as well
- RC Path Standards for non suspicious deaths apply as for first PME’s

POWERS IN RELATION TO BODIES
- Coroners [Investigations] Regulations 2013, Reg 20
- Body must be released for burial or cremation as soon as reasonably practicable
- Where body cannot be released within 28 days coroner must notify NOK or PR of reason for delay
- Reg 21/Form 3 – order authorising burial or cremation
INQUESTS AND POST MORTEMS

Professor Peter Vanezis OBE, FRCPath
Barts and the London
Queen Mary University of London

PATHOLOGY – THE POST-MORTEM EXPLAINED

- What is a post mortem?
- Why do we do a post mortem?
- Who needs a post mortem?

WHAT IS A POST MORTEM?
WHY DO WE DO A POST MORTEM?

WHO NEEDS A POST MORTEM?

PRACTICAL GUIDE TO POST-MORTEM EXAMINATIONS

- Who can do a post mortem?
- Who authorises an examination?
- How is it carried out?
- What do we take from the body for further examination?
- What happens to the body afterwards?
WHO CAN DO A POST MORTEM?

WHO AUTHORISES AN EXAMINATION?

HOW IS IT CARRIED OUT?
WHAT HAPPENS TO THE BODY AFTERWARDS?

THE QUALITY AND RELIABILITY OF POST-MORTEMs

Depends on:
- The inherent difficulties in the examination itself
- Resources available in the mortuary in terms of equipment and manpower
- Experience of pathologists
- Expectations of interested parties/coroner and others
- Standards of the Royal College of Pathologists and others

THE INHERENT DIFFICULTIES IN THE EXAMINATION ITSELF
RESOURCES AVAILABLE IN THE MORTUARY IN TERMS OF EQUIPMENT AND MANPOWER

EXPERIENCE OF PATHOLOGISTS

EXPECTATIONS OF INTERESTED PARTIES/CORONER AND OTHERS
STANDARDS OF THE ROYAL COLLEGE OF PATHOLOGISTS AND OTHERS

NON INVASIVE TECHNIQUES – THE PROS AND CONS OF POST MORTEM IMAGING

- What is a non-invasive post-mortem?
- How does it differ from a minimally invasive or partial examination?
- The use of imaging techniques instead of a standard post mortem or as an adjunct to the examination.

Role of:
- CT
- MRI
- X-Rays

WHAT IS A NON-INVASIVE POST-MORTEM? HOW DOES IT DIFFER FROM A MINIMALLY INVASIVE OR PARTIAL EXAMINATION?
THE USE OF IMAGING TECHNIQUES INSTEAD OF A STANDARD POST MORTEM OR AS AN ADJUNCT TO THE EXAMINATION.

Role of:
- CT
- MRI
- X-Rays

RETAINED ORGANS & TISSUES
- Retention of tissues subject to the Human Tissue Act 2004 (Scotland 2006) and regulated by the Human Tissue Authority (HTA).
- Tissues are retained to assist in identifying the cause of death under Coroner’s authority
- Retained in some forensic cases under Police and Criminal Evidence Act 1984.
- Consent required when used for any other purpose
- Next of kin wishes are to be respected when disposing

RETENTION OF TISSUES SUBJECT TO THE HUMAN TISSUE ACT 2004 (SCOTLAND 2006) AND REGULATED BY THE HUMAN TISSUE AUTHORITY (HTA).
TISSUES ARE RETAINED TO ASSIST IN IDENTIFYING THE CAUSE OF DEATH UNDER CORONER’S AUTHORITY.

RETAINED IN SOME FORENSIC CASES UNDER POLICE AND CRIMINAL EVIDENCE ACT 1984.

CONSENT REQUIRED WHEN USED FOR ANY OTHER PURPOSE.
NEXT OF KIN WISHES ARE TO BE RESPECTED WHEN DISPOSING OF TISSUE.

NATURAL DEATH – WHAT DOES IT MEAN IN MEDICAL TERMS

- A death that is primarily attributed to an illness or an internal malfunction of the body not directly influenced by external forces.
- Death involving direct intervention from an external source is termed unnatural.
- Unnatural deaths fall into a number of different categories according to their cause and manner of death.

A DEATH THAT IS PRIMARILY ATTRIBUTED TO AN ILLNESS OR AN INTERNAL MALFUNCTION OF THE BODY NOT DIRECTLY INFLUENCED BY EXTERNAL FORCES.
DEATH INVOLVING DIRECT INTERVENTION FROM AN EXTERNAL SOURCE IS TERM UNNATURAL.

UNNATURAL DEATHS FALL INTO A NUMBER OF DIFFERENT CATEGORIES ACCORDING TO THEIR CAUSE AND MANNER OF DEATH

Some examples of manner of death:
• Homicide
• Accident
• Suicide
• Occupational
• Related to healthcare intervention