

# The Coroner's Autopsy: Do we deserve better?



**Dame Janet Smith**  
**Chairman of the Shipman Enquiry**



The NCEPOD report demonstrated, in a more systematic way, the same shortcomings in the coronial autopsy system as revealed on a wider scale in the Shipman Enquiry, Dame Janet Smith told the meeting. "I think it was high time that some proper research into the quality of coronial autopsies was carried out. There was a good deal of evidence in the public domain – of more or less anecdotal character – to the effect that there were serious shortcomings to such autopsies – but unfortunately that kind of evidence is rarely taken seriously," she said. "This report seems to me to be soundly based and should therefore carry much greater authority."

Findings in the NCEPOD study confirmed anecdotal evidence in the third Shipman Report, including the difficulty in providing autopsy training for new pathologists because of the major reduction in hospital autopsies and the difficulties experienced by many pathologists doing autopsies for coroners – many of which were caused by financial restraints.

One of the pathologists' main complaints was the paucity of information provided with their instructions, and this was confirmed in the NCEPOD report. Dame Janet agreed with the NCEPOD recommendation for standardisation of the format for the provision of information to pathologists. She also recommended improved selection criteria and training for coroner's officers, who she had found played a key role in communicating with pathologists.

Dame Janet was also concerned that many coroners were 'so strapped for cash that they will not allow the pathologist to undertake histology'. She added that, since Alder Hey, this reluctance may also be due to concern about relatives' reactions if tissue is retained. "So they avoid the problem by saying no histology. This attitude, I'm afraid, really makes me rather angry," she said. Professor Margot Brazier, who has done a great deal of work with the Alder Hey victims and also other groups of parents whose children's organs were taken without consent is of the view that the real problem for such parents was that they were not told, she pointed out. "They almost all said to her that, if they had been told the doctors needed to take some tissue or an organ – and for a good reason – they would have accepted it."

Dame Janet acknowledged that it may be inconvenient and quite time consuming to discuss the need for an autopsy with the deceased's relatives. "But, in my view, discussion with families must become standard practice. Common humanity demands no less. And in my view, any such discussion should include an explanation that it may be necessary to remove small quantities of tissue."

She said that the same observation could be made in respect of the hospital autopsy, which needs consent. Dame Janet considered that the medical profession had 'lain down in front of the problem.' If they asked for permission in a sympathetic, open way, she thought they would find far more co-operation than they expected. She expressed the view that anticipated problems over tissue retention should not be allowed to interfere with the conduct of a proper autopsy with such histology as the pathologist considers appropriate. Where consent is necessary, it will usually be given if sought in a humane way. "It is a waste of money and effort to do an incomplete autopsy because the resulting opinion is quite likely to be wrong." Insofar as funding was a problem, she considered that the government must be persuaded to provide the money so that autopsies are properly done.

Dame Janet was also concerned that the NCEPOD report indicated that some pathologists “seemed to do a pretty skimpy job”. She noted that one case from the Enquiry gave anecdotal, but powerful, evidence of the impact of such deficits.

Only one of Shipman’s victims had a post-mortem – a woman he tried to kill with an overdose of diamorphine but whose heart was restarted by the ambulance crew that he called. She remained in a coma for 14 months before she died. The medical staff knew that she had been given some morphine or diamorphine and they were concerned that the GP (Shipman) had made an error in giving the patient that drug, because she was a known asthmatic.

When the patient died, the registrar on the ward decided that the death must be reported to the coroner. When the coroner’s officer asked her what she would put down as the cause of death if she were going to certify it, she said ‘something like cerebrovascular degeneration due to persistent vegetative state due to morphine administration.’ The coroner’s officer sent this information to the pathologist, together with medical records containing a full account of the medical history including concerns about what might have happened to cause the patient’s collapse 14 months earlier. But the coroner’s officer did not write down the name of any doctor who knew about the case, or even which ward the patient had been in until her death.

The pathologist who carried out the autopsy did not speak to any doctors who had cared for the patient, even though he was working in a mortuary in the hospital where she had died, and he did not attempt to get hold of any records. Dame Janet reported: “He expressed the opinion that the death was due to cerebral degeneration - full stop. He did not provide any underlying causes and he certified his opinion that the death was due to natural causes. No-one at the coroner’s office asked him ‘what about the morphine?’ The coroner simply issued the cause of death certificate without an inquest.”

One of the main concerns expressed to the Enquiry was the frequency with which the technician was allowed to open a body before there had been any external examination. Here again, Dame Janet saw that NCEPOD has found that this concern was confirmed in a significant number of cases. “For a coroner’s autopsy, it is manifestly obvious that there must be a thorough external examination before the body is otherwise damaged.”

Dame Janet was also concerned at the infrequency with which toxicological tests were carried out. She noted that evidence from Maryland in the USA, where toxicology is completely routine, demonstrated that it produced a very high proportion of unexpected results. The technology for screening is now available. If the equipment is available, the tests can be done quite quickly and are not very expensive. “It seems to me that, in an era where the misuse of drugs – both illicit drugs and prescribed drugs – is rife, we ought to try and do better in that regard.”

Dame Janet agreed, as suggested in the NCEPOD report, that this would be an opportune moment to advance proposals for change because the government is reforming the coronial system, with a Coroner’s Bill before Parliament. However, she warned that the Bill was very modest in its scope, with measures to improve the appointment of coroners and their training arrangements and to provide for the appointment of a Chief Coroner, who will give some leadership and management. But no further resources are being provided for the coronial autopsy system and she feared that little else would change. The Bill failed to include recommendations from a position paper published by the Home Office in 2004 which accepted the need for greater medical input into coroners’ decision making on the cause of death.

The changes proposed in the Bill would make no difference to the way in which a person like Shipman or any doctor with something to hide could avoid a coronial investigation, Dame Janet warned. She considered that ‘stopping another Shipman’ should not be the major factor in death certification systems, because it was unlikely to happen again. However, the detection of such conduct was not without importance and in any event, the quality of death certification and the accurate establishment of cause of death is important for very many public interest reasons, she concluded. The NCEPOD report could make a major contribution to the improvement of part of the system, and she hoped that its recommendations would be heeded. But she considered that the entire system needed reform.