

The Coroner's Autopsy: Do we deserve better?



Dr Bill Dolman
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The NCEPOD study provided a snapshot of one week's work. "It's been salutary. As a coroner, it's been educational," said Dr Dolman. He noted that the fact that it was welcomed was illustrated by the fact that 88% of coroners responded to the request for papers on post-mortems during the week that was surveyed.

Considering the important working relationship between coroners and pathologists, Dr Dolman noted: "All of us as coroners rely so heavily on our pathologists. Nine out of ten coroners are legally qualified, not medically qualified, and expect to get help and expertise from pathologists that we can't easily get anywhere else."

Addressing some of the problems raised by the report, Dr Dolman noted that it could be very difficult for coroners and their officers to obtain information. He said that trying to speak to the GP of a person who had died could be impossible, particularly now that some work only during the week. Families can also make requests, with some, maybe for religious reasons, preferring an MRI scan to a post-mortem.

Dr Dolman reported that the number of coronial autopsies was falling, although the reason for this was unclear. He noted that the range of post mortem rates, varying from 28 to 77%, reported in the study was meaningless, because they are crude statistics taking no account of the population, whether urban or rural, or the different situations for different coroners.

As far as families are concerned, the coroner has a very close concern with the bereaved family in front of the coroner and coroner's officer. "Interestingly, in the whole of the NCEPOD report, there is hardly a mention of feelings of bereaved families. In a sense, why should there be, but, on the other hand, they are some of our key people involved in the coroner's service. Wherever there's a body, there's someone in tears. And coroners and coroners' officers never forget that."

Looking at the survey results, Dr Dolman pointed out: "If three out of our reports are satisfactory or excellent, jolly good. The trouble is that none of us knew about the one in four that is not satisfactory. The problem is, again, where do we go from here? I've already said that nine out of ten of us are lawyers rather than doctors. However, very experienced lawyers can sniff out something that doesn't seem right."

He noted a limitation of auditing the written reports, as they took no account of conversations the pathologist has had with the coroners' officer, with the GP (if available), or the hospital, or the fact that in his area, and in many areas, the hospital notes are with the pathologist.

Time and again, Dr Dolman suggested there was a question of resources. "What consultant surgeon would do even a minor operation for just over £80?" The coroners have no say in this and the new Coroners' Bill promises no extra resources.

Considering the purpose of a coroner's autopsy, Dr Dolman said: "We have heard fascinating discussion – is to how far we go. Cause of death is what the law says. But then we have families before us. And if the cases get to inquest – and remember that 9 out of 10 won't – and you have a pathologist in court, there's the chance to ask those questions. There's a chance for the family to ask the questions. I think caring, humane coroners are always concerned with the family and the future possibilities."

The new rules 9 and 12 of the Coroners' Rules 1984, as amended, deal with consent for taking tissue, what organs, and what happens to them afterwards. Dr Dolman noted that a study found that over 90% of families were very happy if they knew what the tissue was taken for, including the fact that it might help someone else. He continued: "And the information comes back to the families who are really the most interested people. They want to know what happened. And all of us who have been on the coroner's bench for some years will have heard, time and time again, families say 'I just wanted to know what happened. Until the inquest, I didn't understand.'"

Looking at the issue of consent further, Dr Dolman said that the aim of the coroner's autopsy is to find a cause of death and it is the one autopsy that doesn't need family consent. Some may be concerned about this. "But don't forget that there are families who are sometimes complicit in an unnatural cause of a family member's death – Granny bashing, the children and babies who are killed," he warned.

Summing up, Dr Dolman considered that coronial autopsies played an important role: "I think the more accurate information we can get, the more helpful for us in the 21st century and more helpful for the generations to come, when we can get more science and less theology into the cause of death."