

Appendices

Glossary

Pink Form part A

If a case is referred to a coroner and the coroner does not consider it to require further investigation (including autopsy), as it is evidently a natural cause of death, the referring doctor formulates the cause of death on a standard death certificate form to be presented to the Registrar of Births & Deaths. The coroner issues a Pink Form part A to notify the Registrar of the discussion, and this form usually re-states the agreed cause of death.

Pink Form part B

If a referred death is accepted for investigation by a coroner and the autopsy provides a natural cause of death (i.e. an inquest is not required), the resulting cause of death is presented by the coroner for the Registrar of Births and Deaths on Pink Form part B. The coroner, in these cases, adopts the pathologist's formulation of the cause of death without amendment.

Natural cause of death

This does not have a statutory definition (and nor does 'unnatural' cause of death) but is a major focus of coronial activity since a natural cause of death, once identified, does not require further investigation on the part of the coroner. By tradition and from the Coroners Act 1988, a natural cause of death follows natural disease and it excludes trauma or violence, third party involvement, accident, suicide, death following industrial disease or poisoning.

A significant problem lies with deaths following medical interventions (e.g. drug therapy, surgery) - are they natural or unnatural, since the medical intervention may be considered a third party involvement? For elective and emergency operation the mortality rates that are acceptable as a reasonable (i.e. natural) consequence, requiring no further investigation on the part of a coroner needs to be considered. And finally, questionable lack of, or delay in, instituting treatment for natural diseases, is a problem area. There is no consistency across the coronial system in the interpretation of these issues.

Medical certificate of cause of death

This is a written statement of the cause of death. By convention it is structured into two parts, Part 1 and Part 2. Part 1 depicts the sequence of clinico-pathological events that resulted in death, starting (line 1a) with the final event (e.g. pneumonia; pulmonary embolism), then presenting in lines 1b and 1c (if used) the underlying pathological condition (e.g. cancer of the lung; heroin toxicity). The last line used in Part 1 is the main cause of death for national statistical purposes. Part 2 is used to indicate other conditions that were not the main cause of death but contributed to the timing of death, i.e. brought it forward or exacerbated the main condition (e.g. ischaemic heart disease).

Coroners Act 1988

This is a consolidation of hundreds of years of legislation concerning the role and function of Her Majesty's Coroners in England & Wales. It is to be replaced in its entirety by legislation promulgated in 2006 with the Draft Coroners Bill (June 2006).

Coroners Rules 1984

This is a consolidation of hundreds of years of coronial practice rules. A recent amendment (June 2005) concerned the disposal of organs and tissues taken at coronial autopsy. When the new Coroners bill is enacted, the rules will be revised.

RCPATH Guidelines

'Guidelines for Autopsy Practice', issued by the Royal College of Pathologists in 2002 is a consolidation of old and revised guidelines concerning all aspects of autopsy practice, including coronial autopsies.

Autopsy

This, also known as 'necropsy', 'postmortem examination' or often simply 'postmortem', is the external and internal examination of a deceased person by a medically qualified practitioner (usually a pathologist), by opening the body and systematic dissection of the internal organs. In addition to gross (eyeball inspection), it may include analysis of tissues from the body by microscopic examination (i.e. histopathology), and chemical and microbiological analysis of body fluids and tissues.

Consented autopsy: consent for the autopsy can be given by a close relative or next of kin or other relevant person. Usually this takes place at the request of a clinical doctor who is interested in understanding better the disease process in the deceased person. Families also may directly request a pathologist to perform an autopsy.

Coronial autopsy: an autopsy performed at the request of a coroner, to determine a cause of death in circumstances outlined in section 8 of the Coroners Act 1988. Families cannot prevent the autopsy taking place. There are three types of coronial autopsy:

- when the deceased is suspected to be the victim of homicide [these cases were not considered in the current study];
- a standard autopsy examination under section 19 of the Coroners Act 1988, where the cause of death is unknown, but the coroner is of the opinion that the autopsy may result in a natural cause of death, and so render an inquest unnecessary;
- a special examination under section 20 of the Coroners Act 1988, whereby a medically qualified person, often with special qualifications, performs an autopsy and makes further analysis of tissues or fluids to identify the cause of death. Strictly, this type of autopsy is requested only after the coroner has decided to hold an inquest into the case. In practice, the decision whether or not to take tissue samples is often made during the autopsy process, when it is evident that without such analysis, a cause of death cannot be made.

Death in the community

This is a death outside hospital. This includes deaths at home, in public places, at work and in nursing homes. Persons arriving dead at a hospital Accident & Emergency department are also considered as deaths in the community.

Tissues and organs

'Tissue' is defined, by the Human Tissue Authority, as 'any constituent part of the human body formed by cells'. The body comprises distinct organs (e.g. liver, heart, brain, skin). Thus 'tissue' includes whole or part whole organs, organ samples of any size, and blood.

Financial aspects of coronial autopsy work

These are the fees that may be charged to a coroner for performing an autopsy and related analytical work. References are the BMA committees and Home Office notices indicated in 'Tissue Retention' section.

	Pre June 2005	From June 2005
Standard autopsy examination under section 19 Coroners Act; to perform and prepare report	£87.70	£87.70
Special autopsy examination under section 20 Coroners Act; to perform and prepare report	£251.15	£251.15
Histopathology examination of tissues	£25 per block; maximum of £228.50	£31.50 per block; maximum of £286.50
Toxicological examination of tissue or fluid samples	Not exceeding £625.50	Not exceeding £785.00
Microbiological examination of tissue or fluid samples	£25 per direct examination or culture, maximum of £228.50	£31.50 per direct examination or culture, maximum of £286.50