The Royal College of Pathologists of Australasia
ABN 52 000 173 231

Durham Hall 207 Albion Street Surry Hills NSW 2010 Australia
Telephone 61 2 8356 5858 Facsimile 61 2 8356 5828

RCPA
The Royal College of Pathologists of Australasia

Position Statement

Subject: **The role of coronial and non-coronial autopsies in investigating natural deaths in Australia**
Approval Date: November 2017
Review Date: November 2021
Review By: Forensic Advisory Committee
Number: 4/2017

Position Statement purpose

The purposes of this Position Statement are to:

- clarify the roles of coronial and non-coronial autopsies in investigating natural deaths,
- ensure referrals to coroners are appropriate, and to
- stress the value of consented autopsies for 'non-coronial' deaths.

This Policy supplements the existing Policy, "Autopsies and the use of tissues removed from autopsies" [1].

The Coroners Acts of different Australasian states and territories define a range of natural deaths that must be reported and, at Coroners' discretion, investigated. This Policy is not concerned with the specialised types of natural death that must be reported under the respective Acts (e.g. deaths in custody), but with the numerous non-suspicious natural deaths, where the only reason for reporting is that a Cause of Death Certificate has not been issued. These cases may appear straightforward for practitioners routinely engaged in formal death investigation. However, other doctors may find it difficult to navigate the relevant legislation [2], to decide whether the cause of death is clear enough to issue a Certificate, and to take appropriate account of the family's views.

Reporting natural deaths

The relevant section of the respective Births, Deaths and Marriages Registration Act (or equivalent) in each jurisdiction [2] is the key reference point when doctors are deciding whether to issue a Certificate. Details vary, but the requirements are generally to the effect that:

- the doctor **MUST** issue a Certificate if able to form an opinion as to a **probable** natural cause of death, (in other words, the issuing doctor needs only to ascertain the cause of death based on the 'balance of probabilities', i.e. more than 50% likelihood of being correct – certainty is not required); and
- the death is not otherwise reportable to the Coroner (e.g. death in custody).

Issuing a Certificate does require doctors to exercise careful professional judgement, but the process should be seen as no different from sound clinical decision-making. Ultimately, refraining from issuing a Certificate in non-suspicious natural deaths should be limited to those cases where the doctor's opinion of the cause is so uncertain as to justify formal medico-legal investigation, which includes the involvement of police and utilising the

resources of the coronial system. The decision should also take account of the family's views, in keeping with the National Code of Ethical Autopsy Practice (the National Code) [3]. Many families are more concerned about the dignity of the deceased and the timing of the funeral, than establishing a medically exact cause of death.

Non-coronial autopsy

If a doctor is able to establish a probable cause of death, but considers that an autopsy may reveal further medically useful information about the patient's illness, including its investigation and treatment, the appropriate course would be to issue a Certificate and seek the family's consent for a non-coronial autopsy. Satisfactory autopsy consent rates are readily achieved if the family is approached in the right way [4-7].

Doctors should not be concerned that a non-coronial autopsy may show a cause of death that differs from the Certificate issued. This occurs in 10-30% of cases [8] and is an important part of the audit role of non-coronial autopsies. Depending on local legislation and practices, issuing an amended Certificate should be possible.

Limits of the coronial jurisdiction

Doctors should bear in mind that coroners do not necessarily accept every reported death for investigation, or may conduct an investigation without ordering a conventional autopsy, particularly when the family objects. Referral of a straightforward natural death to the coroner on the sole grounds that the case merits an autopsy for medical reasons is unlikely to be accepted. Although coronial autopsies must primarily serve the needs of Coroners, rather than those of medical inquiry or audit, they may, nevertheless, yield findings that are also medically useful.

If the Coroner decides not to investigate a death, or not to order an autopsy, in a case where the treating doctor has expressed an interest in discovering more medical details about the patient's illness, the forensic pathologist may be able to assist by facilitating transfer of the deceased back to the originating hospital for a consented non-coronial autopsy.

Summary of differences between coroners' investigations and non-coronial autopsies

	Coroner's investigation	**Non-coronial autopsy**
Legislation	Coroners Act	Human Tissue Act (or equivalent)
Likelihood of autopsy	Coroner may decide not to investigate a reported death, or to do so without an autopsy	The likelihood of an autopsy depends on the family's interest in the findings and the quality of the consent process [4-7]
Purpose of the investigation	Serves the needs of the Coroner	Medical audit, family interest, education and research, limited only by the terms of the consent given
Focus on details of medical interest	Generally not, but coronial and medical interests may coincide	Investigating medical details is the reason for non-coronial autopsies
Availability of autopsy findings	Not automatically released – must be authorised by Coroner	Feedback to treating doctors is central in non-coronial autopsies
The family's views	Under most but not all Coroners Acts, coroners must consider families' views, but may over-ride them	Informed consent ensures family's views and wishes are respected in keeping with the National Code
Impact on family	It is common for families to find the formal medico-legal process and involvement of police confronting	The consent process should ensure the family is supported and respected in keeping with the National Code

References

1. RCPA Policy, "Autopsies and the use of tissues removed from autopsies" (1993 etc)
2. The *Coroners Act*, the *Births, Deaths and Marriages Registration Act* and the *Human Tissue Act* (or equivalent) for respective states and territories (available online)
3. National Code of Ethical Autopsy Practice, 2002, Australian Health Ministers' Advisory Council, Subcommittee on Autopsy Practice
4. Limacher E, Carr U, Bowker L, Ball RY. Reversing the slow death of the clinical necropsy: developing the post of the Pathology Liaison Nurse. J Clin Pathol. 2007; 60: 1129-34
5. Burton EC, Phillips RS, Covinsky KE, Sands LP, Goldman L, Dawson NV et al. The relation of autopsy rate to physicians' beliefs and recommendations regarding autopsy. Am J Med. 2004; 117: 255-61
6. McPhee SJ, Bottles K, Lo B, Saika G, Crommie D. To redeem them from death: reactions of family members to autopsy. Am J Med. 1986; 80: 665-71
7. Lugli A, Anabitarte M and Beer JH, Effect of simple interventions on necropsy rate when active informed consent is required (letter), Lancet 1999, 354: 1391
8. Sonderegger-Iseli K, Burger S, Muntwyler J, Salomon F. Diagnostic errors in three medical eras: a necropsy study. Lancet. 2000;355:2027 - 31