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
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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 Coroner’s, 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

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