

Coroners, inquests and trainees

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History-1194

- Taxes-Crowns representative
- Treasure trove – shipwrecks
- Presumption of Englishery
- Murdrum
- Later investigation of deaths



Modern role and causes of death

- Establish identity of deceased and cause of death
- Treasure trove
- 1988 act modified 2009 and new rules 2013
- Chief coroner 2012
- All legally qualified
- natural causes
- accident/misadventure
- industrial disease
- lawful killing
- unlawful killing
- suicide.
- Narrative verdict including section 28 orders

Referrals

- deaths which may be due to an accident, suicide, violence or neglect
- deaths which may be due to an industrial disease
- deaths in, or shortly after, release from prison or police custody
- deaths during, or shortly after, an operation or anaesthetic
- drug abuse
- non-therapeutic abortion
- still births where there is a possibility that the child may have been born alive, or there is cause for suspicion
- cases where the cause of death is unknown or uncertain.
- Some coroners require notification of all deaths which occurred within 24 hours of admission to hospital.

Before inquest

1. Follow all processes –stick to timelines
2. Read and reread statements and have copy of notes.
3. Legal advice- MDU etc and Trust
4. Fact not opinions
5. Person of interest
6. Pastoral – educators ES, speciality

- LEO



The statement

Evidence is based on it

Have a copy with you day of inquest

Be familiar with it

Avoid abbreviations/
jargon

Take lawyers/ MDU etc
advice

Good medical Practice



In court

Who

- Public
- Family
- Witnesses including pathologist
- Legal teams-often none
- Press/media
- Coroner and officers
- Jury (Rarely)

Basics

- Have to attend/ contempt
- Witness box
- Swear oath
- Smart dress, respect for process/coroner
- Stay for verdict unless excused
- Friendly face

Courts -vary



Witness Box

Oath or affirmation

Read statement- or just answer
coroners questions

Answer other legal teams questions

Fact not opinion unless based on fact

Don't voice opinion on others actions

No what if answers

Leave stand when told to



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MDU advice

- Listen to the question carefully. It's easy to try to **answer the question** you want or expect to hear.
- **Don't try and interpret the question** by assuming that the words used are imprecise.
- **Ask for clarification if the question is unclear.**
- Keep your **answers short**. More questions can be asked if more detail is required.
- Answer as **clearly, honestly** and succinctly as you can.
- Don't be afraid to **say that you do not know the answer**, or to ask to **refer to the records if you need** to.
- **Avoid speaking too fast;** the coroner and others in the court may be making a note of what you say.
- **Avoid medical jargon** where possible. The inquest is a chance for you to explain clearly what happened to the coroner and the family of the deceased, and it is unlikely that they will all be medically qualified.
- **Keep a professional composure**, even if the questions seem repetitive. If you do not understand a question, ask for it to be rephrased. If you do not know the answer to a question, or it is outside your expertise, you should make this clear and must not speculate.

Rest of day

- Other witnesses
- Verdict
- Criticism by coroner- GMC referral –trainees tell RO and ask them to refer or check self referral
- System issue – short time to address and response must be in time frame
- Don't speak to media – patient confidentiality still applies

Take them and be there

What went well

Verbal reflection

3 good things

Are you alright-really?

