

THE ROLE OF THE CORONER IN DEATH INVESTIGATION

Further advice may be obtained from:

Mayo South Coroner's Office,
Bridge Street,
Ballyhaunis,
Co. Mayo.

Tel: 094 - 963 0011

Fax: 094 - 963 0575

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This booklet describes the functions of the Coroner with particular reference to procedure in the Coroner's District of Mayo South.

It is intended as a guide for the benefit of the public and interested parties.

The booklet outlines procedures and contains information for the benefit of the next-of-kin, Doctors and others who come into contact with the Coroner's service.

Further information is available from the Coroner's Office.

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Death Certification and Death Investigation

1 Who is the Coroner ?

The Coroner is an independent office holder with responsibility under the law for the medicolegal investigation of certain deaths. A Coroner must inquire into the circumstances of sudden, unexplained, violent and unnatural deaths. This may require a postmortem examination, sometimes followed by an inquest. The Coroner's inquiry will establish whether death was due to **natural or unnatural or unexpected causes**. If a death is due to **unnatural causes** then an inquest must be held by law.

2 What is the role of the Coroner in natural death ?

The Coroner may not be involved where a person died from some natural illness or disease for which he/she was treated by a Doctor within one month prior to death. In such cases the Doctor will issue the **Medical Certificate of the Cause of Death**, and the death will be registered accordingly. In these cases the Coroner is not usually involved except where there are additional concerns in relation to the circumstances of death or where death occurred in prison.

However where a death occurs suddenly or unexpectedly or from a cause which is unknown or unclear or unnatural, the Coroner must be informed.

3 Who has responsibility to report a death to the Coroner ?

In a case of sudden, unnatural, or violent death, there is a legal responsibility on the Doctor, Registrar of Deaths, Funeral Undertaker, householder, Garda and every person in charge of any institution or premises in which the deceased person was residing at the time of death to inform the Coroner. The death may be reported to a Sergeant of the Garda Síochána who will notify the Coroner. However, any person may notify the Coroner of the circumstances of a particular death.

4 What deaths must be reported to the Coroner ?

Deaths reportable to the Coroner include the following:

- a) Deaths occurring at home or other place of residence:
 - where the deceased was not attended by a Doctor during the last illness;
 - where the deceased was not seen and treated by a Doctor within one month prior to the date of death;
 - where death was sudden or unexpected;
 - where death may have resulted from an accident, suicide or homicide;
 - where the cause of death is unknown or uncertain;
 - where concerns are expressed by any person in relation to a death;
 - deaths occurring in nursing homes or places of care of the elderly.
- b) Deaths occurring in hospital:
 - where death may have resulted from an accident, suicide or homicide;

- where deaths result from MRSA or other acquired infections;
 - where any question of negligence or misadventure arises in relation to the treatment of the deceased;
 - where a patient dies before a diagnosis is made and the hospital is unable to certify the cause;
 - when the death occurred while a patient was undergoing an operation or under anaesthesia;
 - where death occurred during or as a result of any procedure;
 - where death resulted from an industrial disease;
 - where death was due to neglect or lack of care (including self neglect);
 - where death occurred in a Mental Hospital.
- c) A death is reported by a member of the Garda Síochána:
- where death may have resulted from an accident, suicide or homicide;
 - where death occurred in suspicious circumstances;
 - where death is unexpected or unexplained;
 - where a dead body is found;
 - where there is no Doctor who can certify the cause of death.
- d) A death is reported by the Governor of a prison:
- immediately following the death of a prisoner.
- e) Other categories of reportable death include:
- sudden infant deaths;
 - certain stillbirths;
 - death of a child in care;
 - where a body is to be removed out of Ireland;
 - where human bones are found.

N.B. A detailed list of reportable deaths is given at Appendix A, page 19.

If in doubt as to whether a death is properly reportable please consult with the Coroner or his staff who will advise accordingly. The fact that a death is reported to the Coroner does not mean that an autopsy will always be required.

Coroner's Office:

Bridge Street,
Ballyhaunis,
Co. Mayo.

Office hours: Weekdays 9 a.m. to 5 p.m.

Tel: 094 - 963 0011

Fax: 094 - 963 0575

Email: coroner@cocod.com

Website: www.mayococo.ie

The Coroner is available for consultation outside office hours, however, except when the matter is urgent, cases will normally be reported between 8.00 a.m. and 11.00 p.m.

5 What happens when a death is reported ?

Where death occurred suddenly or unexpectedly the Coroner will make enquiries to ascertain if there is a Doctor who is in a position to certify the cause of death. **The Doctor must have seen and treated the person within a month prior to death, the cause of death must be known and the death must be due to natural causes and be expected.** If these conditions are satisfied and there are no other matters requiring investigation, the Coroner will permit the Doctor to complete a **Medical Certificate of the Cause of Death**, and the death will be registered accordingly.

Where a **Medical Certificate of the Cause of Death** is not available the Coroner will

arrange for a postmortem examination of the body. If the postmortem examination shows that death was due to natural causes, and there is no need for an inquest, a **Coroner's Certificate** will be issued to the Registrar of Births and Deaths who will then register the death and issue the **Death Certificate**. (See note 12)

If death is due to unnatural causes an **inquest** must be held. The death will be registered by means of a **Coroner's Certificate** when the inquest is concluded (or adjourned in some cases).

Prior to the inquest (or whilst awaiting the postmortem report) the Coroner's office will provide an Interim Certificate of the Fact of Death which may be acceptable to banks, insurance companies and other institutions.

6 Why are the Garda Síochána involved ?

The Garda Síochána will assist the Coroner in arranging a formal identification of the body by a member of the family or a relative of the deceased. The Gardaí will send to the Coroner a report on the circumstances of death. The fact that relatives may be met at the hospital by a uniformed Garda or that a Garda may call to their home to take a statement does not mean that the death is regarded as suspicious. Members of the Gardaí will in most cases be acting also as Coroner's Officers.

7 Identification of the body

Where a Coroner inquires into the circumstances of a sudden or unnatural death, formal identification of the deceased person by

a spouse or next-of-kin will be required. A member of the Garda Síochána will act for the Coroner in such cases. The family member will be required to go to the mortuary and identify the body to a Garda (who in turn will identify to the Pathologist or Technician).

Before viewing, the Pathology Technician will advise the family on the condition of the body. Where there are multiple injuries or marked postmortem changes, identification may be confirmed by a photograph or by other means. In such cases family members will not be required to view the body.

8 The Postmortem Examination

The postmortem examination (autopsy) is a procedure to establish or clarify the cause of death. All body cavities (head, chest and abdomen) are examined and the organs dissected. Small blocks of tissue and blood samples may be retained for further examination. Occasionally it is necessary to retain a whole organ (or organs) for more detailed examination in order to establish the cause of death.

It should be emphasised that in the majority of cases no organs are retained. Where an organ is retained the family will be informed.

(See note 9 and Appendix B)

All stages of the postmortem examination will be carried out in a professional manner. There is no disfigurement of the body which may be viewed afterwards, and in the same manner, as if no postmortem had been performed.

N.B. It will be several weeks before the postmortem report is received from the Pathologist. If a toxicology (drug) screen is required it may be several months before the postmortem report is completed. Queries relating to postmortem reports should be made to the Coroner's Office and not to the hospital concerned.

A death cannot be registered until the postmortem report is received at the Coroner's Office.

Prior to inquest (or whilst awaiting the postmortem report) the Coroner will provide on request an **Interim Certificate of the Fact of Death. (See note 5)**

9 When is an organ retained ?

Occasionally it is necessary to retain an organ (or organs) for detailed examination. An organ may be retained after a Coroner's autopsy **only** for the purpose of establishing the cause of death. Where further examination of an organ is necessary to determine the cause of death it **must** be retained. The consent of the spouse or next-of-kin is not required for such retention, but the family will be informed and will be requested to express their preference for ultimate disposal/burial of the organ(s). **(See note 8 and Appendix B, page 23)**

Retention of an organ for any other purpose by a hospital or Pathologist (e.g. for teaching, research or therapeutic purposes) requires specific written consent from the spouse or next-of-kin in such cases.

N.B. Doctors should not seek consent from the next-of-kin for autopsy where the cause of death is unknown. Such cases must be discussed with the Coroner. Where an autopsy is (or will be) directed by the Coroner in relation to an unnatural death, consent is not required and must not be sought. Doctors should understand that the Organ Retention Form (see Appendix B) is not a consent form for autopsy. The Organ Retention Form is required to establish the wishes of a spouse or next-of-kin in regard to ultimate disposal of a retained organ after a Coroner's autopsy.

This should be carefully distinguished from any consent for a clinical ('house') or academic autopsy in a non-Coroner's case.

10 When may funeral arrangements be made ?

Where a death is reported to the Coroner, funeral arrangements should not be made until the body is released or the Coroner has indicated when release will occur. This is important at all times, but particularly so at bank holiday weekends. Cremation cannot take place until the appropriate Coroner's Certificate is issued.

Where death occurs in a house or nursing home, funeral directors should not remove the body to a funeral parlour without establishing that a **Medical Certificate of the Cause of Death** is available. This may necessitate speaking directly to the Doctor or Coroner's Office as appropriate. Death should have been pronounced by a registered medical practitioner.

11 When is a body released ?

The body will normally be released to the spouse or next-of-kin immediately after the postmortem examination has been completed (irrespective of whether or not an inquest is to take place). **(See note 10)** In **homicide** cases a body may not be released from Mayo General Hospital for up to **five** days.

N.B. In these cases funeral directors should contact the Coroner's Office or mortuary before funeral arrangements are made.

12 How is a death registered ?

If a person dies in hospital or any other institution, the Death Notification Form is forwarded to the next-of-kin (where the hospital have already completed Part 1 being Medical Certificate of Cause of Death, the next-of-kin must complete Part 2 in full and bring to any Registration Office. On attendance the next-of-kin must have the completed Death Notification Form and their own photographic identification.

In the case of a Coroner's Certificate, these are forwarded by the Coroner to the Registration Office and are registered by the office staff.

In the case of deaths occurring at home, the Death Notification Form is collected from the deceased's doctor (where the Doctor has already completed Part 1 of the Form being Medical Certificate of Cause of Death), part 2 of Form is completed in full by next-of-kin and brought to the Registration Office. Next-of-kin must produce photographic identification.

The following information from next-of-kin is also required for Part 2 of the Death Notification Form to enable the death to be registered.

- Forename, surname and address of deceased
- Birth surname of deceased
- Date and Place of Death of deceased
- Date and Place of Birth of deceased
- PPS Number of deceased
- Marital status of deceased:
(Never Married, Married-Separated, Widowed, Divorced)
- Occupation of deceased
- Occupation of Spouse if married or widowed
- If under 18 years:
the Occupation of Parent/Guardian 1
the Occupation of Parent/Guardian 2
- Forename and birth surname of father of deceased
- Forename and birth surname of mother of deceased.

13 The Death Notification Form

The Medical Certificate is completed by a Doctor who has seen and treated the deceased person **within one month prior to the date of death.** The Doctor must know the cause of death which must be due to natural illness or disease. **No unnatural cause of death may be certified by a Doctor.** All unnatural deaths must be reported to the Coroner and only the Coroner may certify an unnatural cause of death. **Where a Doctor is uncertain that a death is natural he/she must discuss the case with the Coroner.**

The form of the Medical Certificate is as follows:

CAUSE OF DEATH	
I.	I.
Disease or condition	(a)
directly leading to death
	due to (or as a consequence of)
Antecedent causes	(b)
	due to (or as a consequence of)
	(c)
II.	II.
Other significant conditions

N.B. No unnatural cause of death should appear on the certificate. A Medical Certificate which refers to any unnatural cause of death will be rejected by the Registrar and the case will be referred to the Coroner. Such late referral will cause difficulties for all concerned.

Information on registration may be obtained from:

Superintendents Registrar’s Office,
New Antrim Street,
Castlebar,
Co. Mayo.

Tel/Fax: 094 - 902 3249

Hours: Monday to Friday
10.00 a.m. to 12.30 p.m.
2.00 p.m. to 4.30 p.m.

The Inquest

14 What is an inquest ?

An inquest is an inquiry held in public by a Coroner, sitting with or without a jury into the circumstances surrounding a death. An inquest must be held by law when death is (or may be) due to unnatural causes. The inquest will establish the identity of the deceased, and when, where and how death occurred and the particulars required for death registration. **Questions of civil or criminal liability cannot be considered or investigated at an inquest and no person can be exonerated.** The purpose of the inquest is to establish the facts surrounding the death and to place those facts on the public record and to make findings on the identification of the deceased, the date and place of death and the cause of death. A verdict will be returned in relation to the means by which death occurred. The range of verdicts open to a Coroner or jury include accidental death, misadventure, suicide, open verdict, natural causes (if so found at inquest) and in certain circumstances, unlawful killing.

A general recommendation (rider) designed to prevent a similar death occurring may be made by the Coroner or jury.

The family will be informed of the date and place of the inquest. The Coroner will decide on the witnesses to be called, however if family members have information which may be helpful at inquest they should communicate this to the Coroner (or Garda) as soon as possible after a death.

15 Can funeral arrangements be made before an inquest is held ?

Where an inquest is to be held, the Coroner is usually able to allow burial or cremation once the postmortem examination of the body has been completed. **(See note 10)** Certain documents will be issued by the Coroner where a body is to be cremated or removed out of the country. **(See note 22)**

16 When is a jury necessary at an inquest ?

A jury is required in the following circumstances:

- where death may be due to homicide (or a suspicious death);
- where death occurred in prison;
- where death was caused by accident, poisoning or disease requiring notification to be given to a government department or inspector;
- where death resulted from a road traffic accident;
- where death occurred in circumstances which may be prejudicial to the health or safety of the public;
- where the Coroner considers it desirable to hold the inquest with a jury.

Where an inquest is held with a jury, it is the members of the jury (not the Coroner) who return the findings and verdict together with any rider or recommendation.

17 Who gives evidence at an inquest ?

The Coroner will decide on the witnesses to attend and in what order they will give evidence. The evidence will be presented in a manner so as to provide a logical sequence in relation to the circumstances surrounding the death. The postmortem report will establish the medical cause of death. Some family members may prefer not to hear details of the postmortem examination. The Coroner will indicate when the report is to be taken, so that such persons may withdraw and return later during the inquest. Any person who wishes to give evidence is entitled to come forward at the inquest but the evidence tendered must be relevant to the purpose of the inquest. A person wishing to give evidence at an inquest should make this fact known to the Coroner as soon as possible. **(See note 14)**

18 Who can ask questions at an inquest ?

Any person who has a proper interest in the inquest (a properly interested person) may personally examine a witness or be legally represented by a Solicitor or Barrister. Properly interested persons include:

- the family and next-of-kin of the deceased;
- personal representatives of the deceased;
- representatives of a board or authority in whose care the deceased was at the time of death e.g. hospital, prison or other institution;

- those who may have caused death in some way e.g. driver of a motor vehicle;
- representatives of insurance companies;

(Where death resulted from an incident at work) -

- representatives of trade unions;
- employer of the deceased;
- inspector of the Health and Safety Authority;
- others at the discretion of the Coroner.

Properly interested persons at inquest are entitled to be legally represented. Legal representation is not mandatory, but such persons may sometimes wish to instruct solicitors. Legal aid is not available at inquests.

It is helpful if solicitors notify the Coroner prior to the inquest that they have been so instructed.

19 Can the report of an inquest be obtained ?

Copies of the postmortem report and depositions taken at inquest including a copy of the verdict are available from the Coroner's Office on payment of a fee, once the inquest has concluded. It should be noted that inquest papers are generally not available prior to the inquest being held.

The Freedom of Information Act 1997 does not apply to Coroners Inquests and inquiries. Documents are available under the Coroners Act 1962 [See also S.I. No. 429 of 2000 (Fees and Expenses)].

20 Will the inquest be reported in the newspapers ?

All inquests are held in public and reporters may be present. In practice, a minority of inquests are reported. The Coroner is aware of the tragic circumstances and will endeavour to treat each death sympathetically. The existence of suicide notes will be acknowledged, but the contents will not be read out, except at the specific request of the next-of-kin and then only at the discretion of the Coroner. Every attempt is made to ensure that the inquest proceedings are not unduly intrusive for families concerned.

21 What is the role of the Coroner in relation to organ transplantation ?

If a death is (or will be) reportable to the Coroner, his permission is required before organs are harvested for transplantation. In addition the written consent of the next-of-kin is required. If the Coroner grants permission for organ harvesting the subsequent postmortem examination will be a limited one. The matter must be fully discussed with the Coroner, at the appropriate time so that a prompt decision may be made. In general, the Coroner will facilitate requests for organ harvesting and transplantation. **Doctors should contact the Coroner as soon as possible in such cases.**

22 What is the role of the Coroner where a body is to be removed out of Ireland ?

The Coroner must be notified in every case where a body is to be removed out of Ireland, whether or not there has been a Coroner's inquiry, postmortem examination or inquest. This applies even if the death was due to natural causes and has been certified by a Doctor (i.e. not originally a Coroner's case). It is the Coroner in whose district the body is lying who must be notified. If satisfied in relation to the cause of death the Coroner will issue a certificate, usually to the funeral director, for presentation to the appropriate authorities permitting removal of the body out of the country.

23 What is the role of the Coroner where a body is returned to Ireland ?

When a body is **returned to Ireland** the Coroner will not normally be involved except where a question in relation to an unnatural death abroad occurs. In practice, it is the Coroner into whose district the body comes to lie who will be informed where concerns arise in relation to the circumstances of a death which occurred in another country. In some cases the Coroner may direct a postmortem examination (or an additional examination) of the body or may decide to conduct an inquest.

Appendix A

Deaths Which Must Be Reported to the Coroner

Deaths are reported to the Coroner under the Coroners Act 1962 (**rules of law**). In addition, there are local rules which require that other deaths must be reported (**rules of practice**).

Deaths reportable under **rules of law** include:

- 1 Sudden, unexpected or unexplained deaths.
- 2 Where the appropriate registered medical practitioner cannot sign a Medical Certificate of the cause of death (i.e. a deceased person was not seen and treated within one month before death, or the Cause of Death is unknown or death may be due to an unnatural cause).
- 3 Even where the deceased had been attended by a registered medical practitioner for a documented illness, if the Doctor is not satisfied in relation to the cause of death or death has occurred suddenly or unexpectedly, it must be reported.
- 4 Sudden infant death. Although the Doctor may believe that an infant has died of sudden infant death syndrome (SIDS, “cot death”), such diagnosis can only be made following a postmortem examination: this applies also to so-called “sudden adult death syndrome” (SADS).
- 5 Death resulting from MRSA or other acquired infection.
- 6 Where a death was directly or indirectly due to unnatural causes, (**regardless of the length of time between injury and death**), including:

- road traffic accident;
- any accident in the home, workplace or elsewhere;
- any physical injury;
- falls and fractures;
- fractures in the elderly;
- drug overdose or drug abuse;
- neglect, including self-neglect;
- burns or carbon monoxide poisoning;
- starvation (including anorexia nervosa);
- exposure and hypothermia;
- poisoning from any cause - occupational, therapeutic, accidental, suicidal, homicidal and also food poisoning;
- drowning;
- hanging;
- firearms injuries.

7 Death resulting from an industrial or occupational disease or accident.

8 Deaths which are directly or indirectly the result of any surgical or medical treatment or any procedure. Where such treatment or procedure may have contributed in any way to death, the matter must be reported to the Coroner regardless of the time that has elapsed between the event and death. Any allergic reaction to a drug administered therapeutically and any toxic reaction or side-effect of a drug which may have caused or contributed to death must be reported.

9 Where there is any allegation of medical negligence, misconduct or malpractice on the part of the registered medical practitioner, nurse or other person.

- 10** Septicaemia which may be caused by injury.
- 11** Death occurring during a surgical operation or anaesthesia.
- 12** Abortions (other than natural) and certain stillbirths.
- 13** Acute alcohol poisoning (chronic alcoholism is reportable, but a Medical Certificate of the Cause of Death will normally be accepted, unless there is some element of neglect [including self-neglect] or injury).
- 14** Deaths connected with crime or suspected crime.
- 15** Where death may be due to homicide or occurred in suspicious circumstances.
- 16** Death of a person in prison or legal custody, including deaths in hospital whilst sentence is being served and deaths in Garda stations.
- 17** Death of a person receiving a disability pension - where death is or may be connected with a pensionable disability.
- 18** Death of a patient in a mental hospital.
- 19** Death of a child in care.
- 20** A death which may be due to CJD.
- 21** Where a person is found dead.
- 22** Where human remains are found.
- 23** Where the cause of death is unknown or obscure.
- 24** Where a body is to be removed out of Ireland.

Deaths reportable under **rules of practice** include:

- 25** Where a person is brought in dead (BID; DOA, dead on arrival) to the accident and emergency department of a hospital.
- 26** Deaths occurring in an accident and emergency department.
- 27** Where death occurs within 24 hours of admission to hospital.
- 28** Where death occurs within 24 hours of the administration of an anaesthetic, surgical procedure or any procedure. (Note where death may be due to a complication of an anaesthetic, surgical procedure, drug reaction or injury it must be reported to the Coroner notwithstanding when death occurs, i.e. whether days, weeks, months or years after the event).
- 29** Certain deaths which occur in a department of a hospital, e.g. radiology department, out-patients, physiotherapy, E.C.G., E.E.G., etc.
- 30** Maternal Deaths.
- 31** Where a patient dies in hospital, having been recently transferred or discharged from a nursing home or other residential institution (including mental hospital or prison).
- 32** Deaths occurring in Nursing Homes or places of care of the elderly.
- 33** Where there is any doubt as to the cause of death. **(See note 4)**

Appendix B

Sample Form (Organ Retention)

Coroners Act 1962

The Coroner has directed a postmortem examination of the body of _____ in order to establish the cause of death. Small blocks of tissue may be retained for microscopic examination and will form part of the record of the postmortem examination. In order to establish the cause of death it may occasionally be necessary to retain a **whole** organ or organs for further examination. In the majority of cases no organs are retained. In order to carry out the examination with minimum distress to the family we require the following information:

I have been given an explanatory leaflet on postmortem examination.

☐

I do **not** wish to be informed that an organ has been retained.

☐

I wish to be informed that an organ has been retained **before the body is released for burial or cremation.**

☐

I wish to be informed that an organ has been retained **after the examination is completed.**

☐

Where an organ is retained we need to ascertain your wishes for disposal.

I request the hospital to dispose of the retained organ(s) in accordance with an agreed practice.

☐

I wish to make my own arrangements for disposal or burial.

☐

Signed: _____

Spouse or next-of-kin

N.B. This is not a consent form for a Coroner's autopsy. **(See note 9)**

