

Cabinet Member for Policing and Equalities

29 September 2022

**Name of Cabinet Member:**

Councillor AS Khan – Cabinet Member for Policing and Equalities

**Director approving submission of the report:**

Director of Law and Governance

**Ward(s) affected:**

All

**Title: Response to Petition Requesting the Introduction of Digital Autopsy Facilities in Coventry**

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**Is this a key decision?**

No- although the proposals affect more than two electoral wards, the impact is not expected to be significant at this stage.

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**Executive summary:**

In February 2022 an e petition was received bearing 535 signatures and a corresponding paper petition was received in March 2022 bearing 445 signatures. The petitions stated:

“We the undersigned petition the Council to support families who suffer a sudden and tragic loss of a loved relative and are put through the process of an invasive autopsy to determine the cause of death. This is a legal requirement and dealt with by the coroner’s office. We call upon Coventry City Council, UHCW NHS Trust and HM Coroners Office to provide Coventry with the appropriate scanner and facilities to carry out digital autopsies”.

The petition also provided the following justification:

“The Coventry coroner has a very difficult job and the number of cases waiting to be dealt with. Typically there can be 20-25 cases and can take up to 3 weeks for the relevant procedures and investigations to be carried out. Bereaved relatives can be left not knowing what happened to their deceased. This puts further emotional pressure in an already difficult situation.

Many towns and cities such as Leicester, Dudley and Stoke on Trent use MRI/CT scanning

to perform a digital autopsy. This helps to relieve the pressure on the Coroner as this speeds up the process and reduces the likelihood of an invasive autopsy to determine the cause of death. Grieving relatives are able to know what happened to their loved one more quickly. They can then make the appropriate funeral arrangements and complete their grieving and mourning". Council determined that this petition should be sent to the relevant Cabinet Member/Committee for consideration; in this case it is for consideration by the Cabinet Member for Policing and Equalities.

This report outlines proposals in respect of how a working group will address the provision of non-invasive Postmortem (PM) in Coventry.

**Recommendations:**

**The Cabinet Member is recommended to:**

- (1) Agree that a working group develops options around the use on non-invasive Postmortems and reports back to the Cabinet Member on its progress within six months.

**List of Appendices included:**

None

**Background papers:**

None

**Other useful documents**

None

**Has it or will it be considered by scrutiny?**

No

**Has it or will it be considered by any other council committee, advisory panel or other body?**

No

**Will this report go to Council?**

No

## **Report title:**

### **1. Context (or background)**

The Coroner is an independent Judicial post holder, the local authority has a role in supporting the Coroner by providing support and resources to enable the Coroner functions to be undertaken.

Once a coroner's statutory duty to investigate a death is triggered, or during the coroner's preliminary enquiries into whether he has jurisdiction, the coroner has control of the body of the deceased until his coronial functions come to an end. That control commences when the coroner is made aware that a body is within that coroner's area. It is for the coroner to decide whether to commission a first or subsequent PM, this is a judicial decision and only challengeable by way of Judicial Review.

These powers are to be exercised with proper regard to the rights and interests involved. H.M Coroner for Coventry and Warwickshire recognises that PM examinations may cause distress to bereaved families and may also delay the release of bodies to bereaved families which in itself can be distressing; a PM should therefore only be directed when the circumstances require it for a proper consideration as to the cause of death.

The consent of next of kin is not required for a PM examination, however they must be informed of the date, time and place of the examination unless that is impracticable or would cause the examination to be unreasonably delayed. The family, as at all times, must be dealt with sensitively.

There is no legal definition of what constitutes a PM examination. It can include any of the following: external examination of the body; toxicology tests; tests on organ and tissue samples from the body; CT or MRI scanning; and/or full internal invasive examination of the body.

Some coronial jurisdictions have made use of scanning techniques to supplement (or supplant) traditional invasive autopsy. Legislation makes it clear that a coroner may specify the kind of examination to be made. The Chief Coroner encourages coroners to consider the use of less invasive forms of examination appropriate cases, especially where the bereaved family has a strong objection to invasive examination.

Non – invasive postmortem imaging may not be the appropriate technique to determine the cause of death in all cases; for example an imaging PM examination does not exclude certain invasive techniques such as angiography and ventilation. In addition, facilities vary across the country and are not present in every jurisdiction; there are no provisions in Coventry and for a non-invasive PM to be undertaken the body must be transported out of the area.

The correct approach to be taken to a request by a bereaved family for less invasive examination was considered in the case of *Rotsztein v H M Senior Coroner for Inner North London* [2015] EWHC 2764 which laid down guidelines.

Where a non-invasive autopsy is requested and a CT scan may be considered potentially useful in all the circumstances, the pathologist must first conduct a thorough external examination of the body. If the pathologist then considers that a CT scan would be inappropriate he should report to the coroner who will decide what type of examination should take place. If the coroner considers that a CT scan is appropriate, a radiographer or trained mortician carries out the scan. A specially trained radiologist (or pathologist specially trained in interpreting postmortem imaging) analyses the results of the scan. Both pathologist and radiologist must have access to the deceased's medical history (where available) and be informed of the circumstances surrounding the death. Other investigations are performed as appropriate, such as the taking of samples for toxicology and biochemistry. In some cases post-mortem CT coronary angiography, a minimally invasive procedure will also be undertaken as this may assist in establishing a cardiac cause of death that is not evident on plain cross-sectional images. Pathologist and radiologist prepare a joint report for the coroner, with the pathologist taking the lead. The pathologist states a cause of death or proceeds to full or directed autopsy if so instructed by the coroner. Imaging should not be used as the sole type of post-mortem investigation where the circumstances of the death are suspicious or controversial, except where the cause of death is obvious. The coroner must at all times during the process keep possession and control over the body, until it is properly released for burial or cremation.

Many families (particularly those belonging to certain faith groups) request PM imaging instead of more invasive autopsy. Imaging based examinations have the further benefit that through detailed images the state of the body, both externally and internally, is permanently recorded for anyone to review in future.

There are some disadvantages in the use of non-invasive PM; in some cases when a non-invasive PM has been undertaken the results may still require an invasive PM to follow which can cause delay and further distress to the family. There is also the concern around limited availability and associated costs.

## **2. Options considered and recommended proposal**

A working group of partners has been set up to consider the future provision of services relied upon by H.M Coroner for Coventry and Warwickshire and this includes how non-invasive PMs can be used.

It is recommended that the Cabinet Member is updated as to the progress of the work of this group within six months.

## **3. Results of consultation undertaken**

3.1. The working group, as proposals develop, will consult with relevant stakeholders and communities.

## **4. Timetable for implementing this decision**

4.1. It is proposed that the Cabinet Member is provided with an update from the working group within six months of the date of the Cabinet Member meeting.

## **5. Comments from Chief Operating Officer (Section 151 Officer) and Director of Law and Governance**

### **5.1. Financial Implications**

The working group will consist of internal and external partners and will be delivered from existing staff resources, therefore there will be no additional cost to the Council.

Once the working group has options to report back on, their financial implications will be estimated.

### **5.2. Legal Implications**

Decisions about the examination of the deceased by PM is the statutory duty of H.M Coroner and is not a function of the Local Authority. Section 14 of the Coroners and Justice Act 2009 suggests that 'a post-mortem examination of a body' is not limited to an autopsy and may include CT (or MRI) imaging. This is achieved by section 14(1) and (2) which provides that a senior coroner may 'specify the kind of examination to be made' and may request 'a suitable practitioner' to carry it out. A 'suitable practitioner' is either 'a registered medical practitioner' or 'a practitioner of a description designated by the Chief Coroner as suitable to make examinations of that kind':

## **6. Other implications**

### **6.1. How will this contribute to the Council Plan ([www.coventry.gov.uk/councilplan/](http://www.coventry.gov.uk/councilplan/))?**

Consideration of the use of non-invasive PM will support the Council's ambitions in developing a more equal city with cohesive communities and neighbourhoods.

### **6.2. How is risk being managed?**

Risk associated with the use of non-invasive is a considered by the Coroner when making decisions about undertaking a PM. Associated risks will also be considered by the working group.

### **6.3. What is the impact on the organisation?**

The impact including resources will be addressed by the working group.

### **6.4. Equalities / EIA?**

It is recognised that many families (particularly those belonging to certain faith groups) request PM imaging instead of more invasive autopsy. This will be a key consideration of the working group as they consider options around the use on non – invasive PM

### **6.5. Implications for (or impact on) climate change and the environment?**

None identified at this stage.

## 6.6. Implications for partner organisations?

Engagement with partner organisations will be key to enable options to emerge via the working group.

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