
9.0 FORENSIC PATHOLOGY / CORONIAL ISSUES

9.1 Background

The *Coroners Act 2003* was introduced to update the then *Coroners Act 1958* and to reform the coronial system which was seen as fragmented and providing insufficient support and information for bereaved families. The 2003 Act provided for the appointment of a State Coroner to co-ordinate the coronial system in Queensland and contained provisions to modernise the coronial jurisdiction in this State.

Principally the *Coroners Act 2003* provides a system for the oversight of deaths which require a further explanation because of the circumstances in which they occur. Although the State Coroner has a key co-ordinating role, all Queensland Magistrates are able to act as Coroners, and coronial services are provided throughout Queensland.

From interviews with stakeholders it is apparent that the introduction of the *Coroners Act 2003* has been instrumental in achieving improved coronial services to the Queensland community.

The Service Level Agreement (SLA) between the State Coroner and QHPSS provides for reporting deadlines for the various services provided to the State Coroner. The SLA, which expires on 31 December 2005, was the initial SLA between the two parties. While QHSS has generally met the reporting deadlines, there is scope in the revised SLA to revisit some of these deadlines to provide a more timely service to the State Coroner, especially in complex toxicology and DNA-based identification cases.

9.2 Coronial Autopsies

Coronial autopsies are undertaken in Queensland by:

- Forensic pathologists³ and forensic pathology registrars within QHSS;
- Anatomical pathologists within QHPSS;
- Private pathologists with recognised expertise in autopsy pathology; and
- Government Medical Officers – mainly general practitioners.

There are approximately 3,000 coronial autopsies undertaken each year, of which approximately 1,200 – 1,300 are undertaken at the John Tonge Centre, QHSS.

The establishment of a State Coroner under the *Coroners Act 2003* provided an excellent opportunity to take a State-wide approach to the provision of autopsy services to the coronial system. A key part of this was the development of Guidelines under the Act (s.14) as to the type of doctors who are authorised to conduct particular types of autopsies. In essence, more complex autopsies (e.g. complex homicides, multiple fatalities, deaths in custody) are to be undertaken by Forensic Pathologists or, in selected cases, by other specialist pathologists; while more straightforward autopsies (e.g. external examinations) are to be undertaken by non-specialist Government Medical Officers. Approximately 75 percent of coronial autopsies are undertaken by specialist pathologists. Work is on-going between the State Coroner, the Chief Pathologist (QHSS) and the Clinical Forensic Medical Unit (which is responsible for the Government Medical Office service) to progressively enhance the quality of autopsies State-wide.

³ Pathologists are specialist medical practitioners, with forensic pathology being the pathology specialty specialising in autopsy pathology. Anatomical pathologists undergo some training in autopsy pathology.

Mortuary services (which in part support the coronial system) are provided by staff in QHSS (at the John Tonge Centre), and QHPSS and Health Service Districts in other parts of the State.

In May 2004, a Working Group chaired by the Chief Pathologist prepared an internal report on the development of a 'Single State-wide Autopsy Service'. The purpose of this paper was to improve the standard and consistency of autopsy, mortuary and associated services (e.g. counselling) throughout the State, including to the State Coroner. QHSS management advised that the report was not further progressed due to resource constraints.

Based on the Taskforce's consultation and analysis on this issue, the Taskforce supports in-principle the concept of a single State-wide autopsy service, particularly as it will enable the improvement of autopsy services to the coronial system. The Taskforce notes that the concept of a single State-wide autopsy service does not suggest a single organisational structure for pathologists and others undertaking autopsies, but rather a consistent State-wide approach to autopsy practice; improved and consistent standards for the provision of mortuary services; improved use of information systems; and the improvement of State-wide counselling services. The model proposed recognises the on-going role of the GMO service in the coronial system.

The issues in the Report of particular interest to the Taskforce are:

- Professional relationships between forensic pathologists and QHPSS pathologists;
- Organisational responsibility for mortuary staff;
- Consistent and improved autopsy and mortuary practices; and
- Consistent and improved information system support.

9.2.1 Professional Relationships Between Forensic and Other Pathologists

For the reasons outlined in Section 4.3, it is proposed that the QHSS Pathologists and coronial support functions (mortuary, histology, counselling) will be part of the new Institute. In making this recommendation, the Taskforce emphasises that the separation of QHSS from QHPSS should not be allowed to detract from the on-going development of a State-wide approach to autopsy and associated services. In particular:

- The Forensic Pathologists at QHSS should maintain their professional links with the QHPSS pathologists;
- The current Right of Private Practice Arrangements for Pathologists should continue;
- QH should continue to provide co-ordinated registrar training to Forensic Pathology registrars in anatomical and forensic pathology; and
- The State-wide co-ordination of relieving arrangements for pathologists (who undertake autopsies) should continue and be strengthened.

9.2.2 Organisational Responsibility for Mortuary Staff

Outside of QHSS, staffing of mortuaries is provided by QHPSS and Health Service Districts in different locations, with the maintenance of hospital mortuaries being the responsibility of Health Service Districts. QHPSS operates all metropolitan hospital mortuaries.

It is widely acknowledged that mortuary services, and mortuary staff, are often given a lower priority within Health Service Districts given the pressing health service delivery needs. Mortuary attendants (outside of QHSS) have been seen as an extension of the 'wardsman' function (now referred to as operational support staff) rather than a specialised service, and facilities have often not kept pace with developing mortuary standards.

The Taskforce believes that the quality of mortuary services to pathologists and others undertaking coronial autopsies would be significantly enhanced if all mortuary staff (outside of QHSS) were managed by QHPSS. However, this may not be practical in the short-term in relation to all autopsies, and could apply for example to mortuaries where QHPSS pathologists are located and other mortuaries where internal autopsies are undertaken. (External autopsies may be undertaken at various degrees of frequency in other mortuaries).

However, the Taskforce acknowledges that the issue of reporting arrangements for mortuary staff across QH goes beyond the Taskforce's Terms of Reference and that most hospital mortuaries are merely used for body storage. In view of this, the Taskforce proposes that the Director-General of QH review the reporting arrangements for non-metropolitan hospital mortuary staff with a view to providing an improved service to the coronial system.

9.2.3 Consistent Mortuary Policies, Practices and Standards

The Working Group Report concluded that mortuaries and autopsy services need common standards and consistent management and quality systems, to ensure the delivery of a professional service including:

- Consistent autopsy practices and procedures throughout QH mortuaries;
- Appropriately skilled staff with consistent training procedures;
- Appropriate workplace health and safety procedures (e.g. use of personal protective equipment, infection control);
- Appropriate mortuary access and security, and facilities for the observation of autopsies and viewings;
- External and internal audits against State and national standards; and
- Agreed QH mortuary building standards and policies to guide upgrades and new mortuary construction (e.g. storage capacity, families' facilities).

The development of standards for autopsy practice would include forensic dentistry practices.

The Working Group also supported the multi-skilling of mortuary staff, which would facilitate cover for leave and major disasters, and consistent Employment Assistance Service (EAS) support and stress counselling.

The Taskforce proposes that the Chief Pathologist/Manager of Forensic Pathology be given responsibility and accountability for the development and monitoring of mortuary policies, practices and standards.

9.2.4 Information System Support

In relation to information system support for autopsies, the Taskforce notes that the AusLab system is not used uniformly by persons undertaking autopsies. An earlier audit of body handling in public hospital mortuaries recognised that inadequate documentation of lodging and release of bodies poses a significant risk to QH. Universal availability and use of AusLab in QHPSS-operated and QHSS-operated mortuaries was seen by the Working Group as a prerequisite for establishing a single autopsy service. The Taskforce agrees with this conclusion. This may necessitate the State Coroner issuing such a requirement to private (non-QH) providers.

Recommendation 31:

It is recommended that the Director-General, Queensland Health:

- (i) *Ensures arrangements continue for Forensic Pathologists at the Institute to maintain their professional links with the Queensland Health Pathology and Scientific Services pathologists by 31 January 2006;*
- (ii) *Ensures the continuation of the current Right of Private Practice Arrangements for Forensic Pathologists by 31 January 2006;*
- (iii) *Ensures the co-ordination of training for Forensic Pathology Registrars in Anatomical and Forensic Pathology by 31 January 2006;*
- (iv) *Ensures the State-wide co-ordination of relief for pathologists who undertake coronial autopsies by 31 January 2006;*
- (v) *Reviews the reporting arrangements for non-metropolitan hospital mortuary staff with a view to providing an improved service to the coronial system by 31 July 2006; and*

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- (vi) *In consultation with the State Coroner, ensures that all persons undertaking autopsies in Queensland Health facilities enter the autopsy results in the AusLab system by 31 January 2006.*

Recommendation 32:

It is recommended that the Chief Pathologist/Manager, Forensic Pathology develop standards for autopsy and mortuary services in Queensland Health facilities by 31 July 2006, including:

- *Consistent autopsy practices and procedures;*
- *Consistent training for mortuary staff;*
- *Appropriate workplace health and safety procedures;*
- *Appropriate mortuary access and security, and facilities for the observation of autopsies and viewings;*
- *Mortuary building standards and policies to guide upgrades and new mortuary construction;*
- *Arrangements to cover for leave and major disasters; and*
- *Consistent Employment Assistance Service (EAS) support and stress counselling for mortuary staff.*

9.3 Coronial Anatomical Specimens

During a post mortem examination, tissue specimens including organs, organ samples, blood and other bodily fluids are removed for further testing or examination. In recent times, the removal of whole organs has become much less frequent, with this now occurring in less than 5% of autopsies. In lieu of this, small slices are used to prepare small wax blocks and microscopic slides. The slides are examined by the pathologist in finalising the autopsy report and are kept indefinitely (for forensic evidence in relation to the death and as reference material for similar cases in the future). Following the post mortem (but prior to the examination of retained tissue), the body is released to the family under a Coroner's authorisation, usually within a day or two after the body has been received at QHSS.

The *Coroners Act 2003* requires the blocks and slides known as specimen tissue to be kept indefinitely. The Taskforce acknowledges that these specimen tissues need to be retained for a significant period of time because of the potential for legal issues to arise and also as reference material for similar cases. However, the Taskforce believes that there needs to be a finite date when a decision is required to be made about disposal so that storage requirements are manageable.

Recommendation 33:

It is recommended that the Director-General, Justice and Attorney-General in consultation with the Chief Executive Officer of the Institute review the period of retention for specimen tissue and amend the Coroners Act 2003 accordingly by 30 April 2006.

9.4 Services Provided by Government Undertakers

9.4.1 Role of Government Undertaker

Where a reportable death occurs, a government undertaker transports the body to the mortuary where the autopsy is to be conducted. DJAG enters into contracts with funeral directors to provide this service for an agreed fee. The contract requires the contractor to transport all bodies within certain geographical boundaries, primarily based on police districts. The contract also covers burial or cremation where this assistance is provided by the State.

The contract, which is currently being re-negotiated with contractors by DJAG, provides an opportunity to improve the service being offered and ensure appropriate standards are maintained. A new Government Undertakers contract will commence on 1 December 2005 for a period of 3 years with a further 2 year option.

The Taskforce has been informed of various issues in relation to the service currently being provided including arrangements for cleaning of the body of a deceased person prior to a viewing for identification purposes and avenues for dealing with complaints in relation to contractors.

9.4.2 Preparation of Body

The Coronial Support Unit at QHSS is permanently staffed by four police officers whose normal hours of duty extend from Monday to Saturday. During normal office hours a police officer attached to the Coronial Support Unit will prepare the body, including cleaning the face by wiping away blood and wheeling the body into the viewing room prior to viewing by the relatives.

After hours, a general duties police officer who accompanies the body will be present at the mortuary to complete the necessary paperwork to obtain the Coroner's authorisation, prepare the report for the Coroner, take photographs, and where necessary, attend the autopsy itself. On these occasions the preparation function will be performed by this police officer.

The Taskforce has been advised that police officers receive some rudimentary information about this task however, not all police officers are adequately skilled or comfortable undertaking these tasks. The Taskforce believes that preparation of the body prior to an identification viewing is not a role which should be expected to be performed by a general duties police officer. The alternatives are for a member of the mortuary staff to perform this role (including being on call for after hours requirements) or for this service to be undertaken by a government undertaker.

The Taskforce has been advised that the principal difficulty with mortuary staff being on call to perform this task is the delay that would occur waiting for the attendant to arrive at the mortuary and then for the body to be prepared. This delay could extend into some hours, dependent on the distance the mortuary attendant lives from the facility. The delay is not desirable for the waiting relative or other person who is to perform the identification.

The primary role of government undertakers under the standard contract is to transport the body of the deceased person to the mortuary. The Taskforce believes the preparation of the body for viewings is a necessary service and the most appropriate person to perform this role is a government undertaker.

The Taskforce notes that s.18(2) of the *Coroners Act 2003* requires that a person who is involved in taking a body to a mortuary (where the death may be reportable to a coroner) must comply with any direction of a police officer. This enables a general duties police officer to direct a government undertaker to prepare a body for viewing for identification purposes if necessary.

Recommendation 34:

It is recommended that the Commissioner, Queensland Police Service issue formal advice to police officers that general duties police officers are authorised under the Coroners Act 2003 to direct a government undertaker to prepare a body for viewing for identification if necessary by 31 October 2005.

9.4.3 Complaints Procedure

The current Government Undertaker contract requires contractors to preserve the dignity of the body by appropriate coverings and screenings, to maintain the highest standards of business, professional and personal conduct and to be sensitive to the needs and wishes of bereaved persons and act in accordance with acceptable community standards. The Taskforce has been informed that it is intended for similar obligations to be included in the new contract. Mortuary staff at QHSS sought advice as to where any concerns with contractors' practices should be directed.

The Taskforce was informed by DJAG that complaints about inappropriate standards of behaviour under the contract are investigated by that department and that this is where any complaints should be directed. The Taskforce notes that DJAG produces a brochure on coronial procedures which police officers currently provide to bereaved families. It is intended by DJAG that this brochure will be also supplied to government undertakers to provide to bereaved families. This brochure should be amended to ensure that the complaints mechanism is included.

Recommendation 35:

*It is recommended that the Registrar of the State Coroner ensures information about the complaints mechanism in relation to government undertakers is included in its coronial information brochures when re-printed by **31 October 2005**.*