ON THE CONTRARY **Tony Delamothe**

Good and bad coroner stories

It would be better for the living and the dead if the conduct of inquests was free of any sort of criticism

Given that coroners have been around in England in one form or another since at least 1194, it's surprising that they've been attracting such attention of late. The Cambridgeshire coroner may have received the thumbs up for his verdict of unlawful killing in the case involving the locum general practitioner Daniel Ubani (*BMJ* 2010;340:c771), but over the past year bad coroner stories seem to have outnumbered the good ones.

Let's start with the Coroners and Justice Bill, which made its protracted way on to the statute books last November. Readers may remember that this time last year a clause to remove any barriers to data sharing by the government was dropped from this bill, after a campaign by the BMA and others (*BMJ* 2009;338:b895). However, the act enshrines an equally disquieting concept: secret inquests. In the words of the *Guardian* "the lord chancellor and justice secretary, Jack Straw, extinguished the ancient right of every citizen to a coroner's inquest in open court in the event of an unexplained death" (www.guardian.co.uk/commentisfree/2009/nov/16/jack-straw-coroner-inquest).

Other than the demands of national security, compelling reasons for this change after 800 years were never provided. Who knows to what dark purposes a government not so committed to truth and transparency as this one might put this dispensation? (What a legacy Mr Straw will be leaving behind in May. From the ongoing Chilcot inquiry into the Iraq conflict we've learnt that while at the Home Office he had often been advised that potential actions were unlawful but went ahead anyway.)

More tales from official inquiries. The Healthcare Commission's report into high mortality among patients admitted to the Mid Staffordshire trust as emergencies contains the bewildering passage: "We thought that information from the coroner would be useful for the investigation. We were disappointed that he declined to provide us with any information about the number or nature of inquests involving the trust." An estimated 400-1200 excess deaths, yet "the coroner told us he was not worried about the number of inquests involving the trust."

As we head towards the first anniversary of the death of newspaper seller Ian Tomlinson at the time of the G20 demonstrations in London, it's worth recalling the grisly sequence of events. Mr Tomlinson collapsed and died near the scene of the demonstration. A first coroner's postmortem examination concluded that he died from a heart attack. The Independent Police Complaints Commission (IPCC) had requested to be present at this examination, but its request was refused.

Later, film footage came to light of a police officer apparently assaulting Mr Tomlinson. A second examination, carried out at the request of the IPCC and the dead man's family, concluded that Mr Tomlinson had died from abdominal bleeding. Because of the conflicting conclusions of the first two postmortem examinations, a third was performed at the request of the police officer's defence team. Who can know how this left Mr Tomlinson's family feeling?

It was Lord Hutton's concern to save the family of the government scientist David Kelly "further and unnecessary distress" that resulted in his 70 year ban on the disclosure of sensitive details about Dr Kelly's postmortem examination. A coroner's inquest had been suspended, and Lord Hutton's inquiry into the circumstances surrounding the weapons inspector's death had been designated as fulfilling the functions of a coroner's inquest. Lord Hutton decided that Dr Kelly had killed himself by severing his ulnar artery after taking co-proxamol. In a swift U-turn last month after the exceptional ban came to light, Lord Hutton said that the information could be released to doctors who are seeking to reopen the original coroner's inquest (*BMJ* 2010;340:c577). Would a second inquest stop Dr Kelly's death assuming the same status in the United Kingdom as John F Kennedy's death has in the United States?

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I should declare an interest. Not long before the Hutton inquiry I wrote an article for this journal on the improbability of Dr Kelly's death from suicide. Deaths from exsanguination after cutting of a wrist artery seemed elusive in the tables of the Office for National Statistics. My article was not published—it was tantamount to alleging skulduggery in high places—but as consolation I attended several sessions of the Hutton inquiry given over to the medical evidence.

My overwhelming sense was not that I was witnessing some terrible cover up of the real cause of Dr Kelly's death. Instead the inquest provided heartwarming evidence of dozens of conscientious professionals—from the local search and rescue team to forensic biologists—working at the top of their game, separately and together. (You can read the transcripts at www.the-hutton-inquiry.org.uk/) Improbable as the verdict of suicide remained, I found it difficult to entertain any other. (Although I still can't work out why Dr Kelly's core body temperature was first measured 10 hours after his body was discovered.)

It would be better for the living and the dead if future inquiries into accidental and suspicious deaths were free from the sorts of concerns that I have documented here. New appointments arising from the Coroners and Justice Act 2009 could help. Later this spring a chief coroner will be appointed for England and Wales to oversee local coroners and set national standards. Two other new roles, a national medical examiner and a medical adviser to the chief coroner, will be filled later this year (*BMJ* 2010;340:c662). We shall be watching.

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MEDICINE AND THE MEDIA

Science and headlines in the home birth war

Why did the media report new research as showing that outcomes of home births are much worse than those for hospital delivery? **Melissa Sweet** reports

Last month the *Medical Journal of Australia* published a study on outcomes of home birth that generated many media stories sounding the alarm about the safety of such births.[1]

Many stories focused on the study's findings that babies were seven times more likely to die during labour in a planned home birth and in particular were 27 times more likely to die from asphyxiation. Some also did mention the finding that there was no significant difference in the overall perinatal mortality rate between planned home births and those planned for hospital delivery.

These were also all findings highlighted in the media release accompanying the journal,[2] which made no mention of uncertainty surrounding the relative risk estimates. The confidence interval for both was wide: 1.53 to 35.87 for intrapartum deaths and 8.02 to 88.83 for deaths from intrapartum asphyxia.

Nor did the press release mention the numbers of deaths involved or the absolute risks. Among 297 192 planned hospital births in South Australia between 1991 and 2006 there were 2440 perinatal deaths, including 247 intrapartum deaths and 87 deaths attributed to intrapartum asphyxia. Among 1141 planned home births there were nine perinatal deaths, including two intrapartum deaths, and three deaths attributed to intrapartum asphyxia.

"The reality is that, as we mention in the article, there were only three deaths for which you could blame the care provider or the environment"

Nor did it mention the authors' caveats that "small numbers with large confidence intervals limit interpretation of these data" and that "in the 16 year study period there were only three perinatal deaths for which one can reasonably assume that a different choice of care provider, location of birth, or timing of transfer to hospital might have made a difference to the outcome."

The press release also quoted Andrew Pesce, an obstetrician and president of the Australian Medical Association, who wrote the accompanying editorial. The association, which owns the *Medical Journal of Australia*, opposes home births and has been at loggerheads with nursing and midwifery organisations over proposed reforms of maternity services in Australia.[3]

Prominent academics in Australia and overseas have argued that this case reinforces a push to lift the standard of journals' press releases.[4] It follows concerns that the media's tendency to report on relative rather than absolute risks and benefits can exaggerate the benefits and harms of interventions.

SALLY AND RICHARD GREENHILL

Home truths: was a press release at fault?

Bruce Armstrong, an epidemiologist and professor of public health at the University of Sydney, said that the journal's press release was at fault: "By giving the media those numbers the way they were given, it was absolutely guaranteed they would generate sensationalist and alarmist coverage."

Professor Armstrong said, however, that those drafting the press release had almost certainly taken their lead from the editorial. He did not think that Dr Pesce had been an appropriate choice as editorialist because he did not have the epidemiological skills to enable him to interpret the study correctly and because of his position at the association.

Dr Pesce said he accepted Professor Armstrong's point about his lack of epidemiology credentials but defended the focus of his editorial and the press release.

"Even though there is uncertainty over exactly what the increased risk is, the study found a statistically significant increase in risk," he said.

"The statistics we quoted were relevant. I will defend the emphasis on those, because that is the test of a difference between home birth compared to planned hospital birth."

Martin Van Der Weyden, editor of the *Medical Journal of Australia*, said the Australian Medical Association's media department drafts press releases for the journal, which he and study authors then approve.

Asked whether the press release should have done more to acknowledge the uncertainties and complexities of the study and its findings, he said.

"How the press handled the article is the core issue," he said. "The principal purpose of the press release is to draw the attention to the article. The journalists read the article and have their own interpretations."

It appears, however, that many journalists did not do this. Justine Caines, secretary of Homebirth Australia, said that most of those who interviewed her said they had not read or even sourced the study.

"What the study said and what the press release said were two different things," she said. "The media just gulped the AMA [Australian Medical Association] line. I asked every single journalist: do you have a copy of the report? I'm very mindful of their schedules—I'm not totally scathing—but at the end of the day if you're going to report on a study that you haven't even looked at . . ."

One of the study's authors, Marc Keirse, professor of obstetrics and gynaecology at Flinders University, Adelaide, said he had approved the release but agreed that the concerns about the way it described the relative risks of home birth were fair. "The confidence intervals are huge," he said. "The reality is that, as we mention in the article, there were only three deaths for which you could blame the care provider or the environment."

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References are on bmj.com

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