How to do it

Attend an inquest

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"... a true presentment make of all such matters and things. ..."

The occasional attender at a coroner's court may feel that he has found in the inquest an unchanging part of our otherwise rapidly altering scene. But though the Victorian building may be the same as when you were a house surgeon—or even when your grandfather was—a light breeze of change has been blowing through the courtroom and its far older proceedings.

In 60 years the number of deaths reported to the coroner has more than doubled, but the number of inquests has fallen by a third. 1978 has seen the virtual disappearance of the coroner's jury following the implementation of one of the recommendations of the Brodrick Report.¹ The calling of a coroner's jury (part of whose oath is quoted above) is now an exceptional occasion for rare inquiries such as those into deaths in prison or fatal industrial accidents. With no jury, the occasional committal for manslaughter also becomes a thing of the past.

The absence of a jury has led to speedier completion of an inquest with less formality and no banging on doors, often in less august circumstances, since inquests may be held in many places such as offices or hospital committee rooms (but not on licensed premises). The cast and procedure remain largely unchanged and those present will be the coroner, who in addition to his legal training may or may not have a medical one, but will certainly have considerable knowledge and insight into the seamier side of medicine; his officer, usually a full-time coroner's officer with Criminal Investigation Department experience, but sometimes a rural police officer at his first inquest; relatives of the deceased; one or more medical witnesses of the fact and cause of death; witnesses of the events leading to death; and others who will be called (occasionally subpoenaed) by the coroner's officer to attend.

Before the inquest

You will be told of the time, date, and place of the inquest. This will come as no surprise to you as you will have been called in after the unnatural or violent death. Necropsies are now universally carried out in such cases and the clinician will know where, when, and by whom the necropsy will be performed. Attendance at this is desirable as both the clinician and the pathologist can learn much from each other, though their evidence will be independent and be based on their own

observations at the bedside and in the post-mortem room. With a knowledge of the circumstances leading to death and the findings at necropsy, the clinician should ask himself whether any complaint about lack of medical care could arise. In the event of this rare possibility a medical witness is a "proper interested party" who is entitled² to be legally represented at an inquest and he should inform his medical protection society at once by telephone and be guided by them.

The vast majority of inquests have no such implications. The clinician and pathologist should both be fully informed about the case before they attend the inquest because they will be asked questions of fact as well as of opinion. Retain the medical records of the patient and be familiar with the medical and nursing record as well as details of treatment. An incomplete grasp of the facts casts doubt on the validity of a witness's opinions.

At the inquest

It is not only courteous to the coroner and to the deceased's relatives to arrive in time and suitably dressed (not funereally attired), but also prudent, as many coroners take the medical evidence early and allow a doctor to leave if his evidence is not controversial. Make your arrival known to the coroner's officer and tell him if you wish to affirm rather than take the oath: the act of the renunciation of the Testament still causes a slight stir in the proceedings while a prearranged affirmation is accepted as a matter of course. In addition to the relatives, whom you will have met, and the pathologist, with whom you have already spoken, you may have to see solicitors acting for the deceased's family or other interested parties, and there will certainly be one or more representatives of the press. If your name, or the disease about which you are to give evidence, is unusual or difficult to spell I suggest that you make sure that the press have these right before you leave.

When your case starts you may be surprised at the informality of the proceedings. Coroner's courts are not bound by strict rules of evidence and the inquiry may include leading questions and hearsay evidence. Give your evidence in terms that can be understood by intelligent laymen, avoiding jargon. If details of rare clinical and pathological findings are necessary it is usually possible to lead up to these with a few explanatory words. There is always much consideration for the relatives, and in many inquests general medical findings are sufficient, with gruesome or harrowing medical evidence being avoided; likewise, coroners avoid publicising personal tragic details and suicide notes are seldom read out in full.

After your factual statements you will be questioned by the coroner, and possibly by solicitors or "properly interested parties." Usually it is possible to give straight answers, but medical witnesses are sometimes asked questions which they can answer only on hearsay evidence, if at all. If your reply is based on the observations of someone else, who is not in court, make this clear. Speak from memory with assurance, but refer to case

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records for details; avoid inaccuracies, however minor, as these may need correction later. An unexpected question impugning a lack of medical care is unlikely to be permitted by the coroner, or need not be answered. An allegation of negligence without warning can make a doctor a "properly interested person" and the coroner can allow him to put relevant questions to witnesses,² but doctors will prefer to claim the right to be legally represented.

In traumatic deaths a medical witness may be able to give a valuable opinion on the type and degree of violence that caused the fatal injuries. In addition, evidence of previous disease or disability that would have made the deceased more prone to an accident or susceptible to its consequences may be highly relevant to the coroner's inquiries and will be of interest to insurance companies. Pathologists will be asked to state the cause of death but may also be asked to comment on the circumstances leading to death and it is in these cases that a full understanding of the final illness is essential. Be prepared to sign a statement of

the salient points of your evidence before you leave the court.

At the end of the inquest, have a word with the relatives, whose inarticulate gratitude for your unsuccessful efforts will be more rewarding than the coroner's officer's payment for your attendance. As you drive back to the land of the living you will appreciate that the roots of some of our recent social legislation, the recognition of hazards in industry and adverse reactions to drugs or the contraceptive pill spring from medical evidence given at coroner's inquests.

References

¹ *The Brodrick Report of the Committee on Death Certification and Coroners*. London, HMSO, 1971.

² *Coroner's Rules*, 1953, Rule 16(1).

Eventually this series will be collected into a book and hence no reprints will be available from the authors.

A Modern Epidemic

Road accidents and the police

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Many drivers speeding through France have slowed down or driven more carefully under the critical stare of a policeman—without realising that he was a dummy. This extreme example of efforts to control traffic offences reflects the scale of the problem. In most countries breaking the law is widespread and the police have not the manpower to pick up more than a fraction of violations; in Britain there is only one policeman on average for every 100 miles of road.¹ In 1976 in England and Wales over 1 400 000 people had over 2 200 000 court proceedings—the numbers are increasing year by year—and 265 000 written warnings and nearly three million fixed penalty notices were issued.² In London, of the 200 000 or more traffic cases heard every year at magistrates' courts, 57% concern conduct on the road, 13% the competence and fitness of drivers, 18% the mechanical fitness of vehicles, and 12% insurance offences.³

Since most violations go unchecked a conviction may seem no more than bad luck, and certainly carries no stigma. On a highway studied in Michigan there was only a one in 7600 chance that exceeding the speed limit would be detected.⁴ In Britain a barrister driving within speed limits reported the uncomplimentary reactions of his fellow drivers; in 60 days he was overtaken by over 7700 vehicles, including three invalid chairs and a hearse.⁵

Laws and safety

Breaking a traffic law is neither sufficient nor necessary for an accident, but there is no dispute about the hazard associated with certain offences, notably driving under the influence of alcohol and driving at high speed (11 November, p 1352; 9 December, p 1619). Laws, however, must be not only justified but also realistic—clear and straightforward, enforceable, and,

so far as possible, accepted. And granted that enforcement cannot be exhaustive, decisions need to be made about the priorities for accident prevention. Do the police, in general, look out for the right things, in the right places, and at the right times? And should not their views be more often taken into account? As it is they are sometimes unhappy about what they are expected to enforce, and practice may vary from one part of the country to another.

New legislation must be based on sound evidence. But if the police are not to have an impossible task the community as a whole should see the point of any legislation (for instance, the fact that parked cars are a factor in many pedestrian accidents). This calls for education and publicity—which may indeed account for some of the accident savings after many of our road traffic Acts.⁶ But any great extension of legislation to regulate road users' behaviour could be counterproductive by inviting wholesale non-compliance and non-enforcement.⁷

Enforcement and accident prevention

There are two distinct elements in the activities of the police in road safety: detecting and acting on offences or possible offences and deterring road users, by their presence, from breaking the law. The police themselves like to emphasise their preventive role, though clearly this depends largely on their being seen to take action against offenders. But they also give advice and warnings about the less serious misdemeanours, and make observations at accident black spots. The police accident prevention units that have been created in London and elsewhere in recent years send out teams that not only enforce the law but also examine the need for changes in signs, signal phasing, and general layout.⁸ But the presence of the police and their enforcement of the law have deterrent effects that cannot be easily disentangled.

Up to 5% of accidents, it has been estimated, could be