

# The Art and Science of the Physician Coroner

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### We Speak For the Dead to Protect the Living

Being a coroner is so much more than certifying death, determining the cause and manner of death and signing a death certificate. In Ontario, the Coroner's Motto is "We speak for the Dead to protect the Living". While that is true, there is more.

At scenes that involve members of the family be they parents, wives, husbands, children or significant others, there resides shock, despair, disbelief, guilt, anger or all of the above. We have the option to assuage those emotions or to leave them for someone else to deal with. After all, with the paperwork done the body can be transported to the morgue or funeral home and we can leave. The paramedics, police and body removal personnel have their jobs to complete before the family is left alone. That scenario could be called a minimalist approach. There is no art in that.

An experienced physician is able to gauge the milieu as they enter the place of death. After examination of the scene and the deceased, they hone in on the next of kin and establish a rapport. Even if the death seems perfectly obvious, much may be gleaned from gently questioning the family or friends about the deceased. The medical history is the obvious topic, but learning about the deceased can be very enlightening too. Being observant can give us clues: military service will cause me to request that the body removal service/funeral home cover the body bag with our flag. That respectful gesture, gratefully appreciated, stays with family for a long time. Pictures on the walls depicting some significant moment in their lives can bring a smile and acknowledgment of who the deceased was and their importance in this family's life. Perhaps it is at this time that the coroner can reassure someone that their attempts at cardiopulmonary resuscitation were valuable but fruitless because of the underlying disease, and not because they "failed".

By the time a coroner leaves the home we should know that we have left the scene a better place than when we arrived. The family will know the next steps in the process and in the case of post mortem examinations, they will have access to the results, should they wish them, and that the coroner is available to answer further questions. The family have control again.

For most of the coroners, the challenge of solving the cause and manner of death is rewarding in its own right, and generally (~70% of the time) we do this without requiring autopsies. However, while the art of being a coroner is crucial, the science we employ is equally important if we are to serve the people of Ontario to the best of our abilities. Death investigation (DI) can be a complex undertaking or sometimes deceptively simple. Regardless, to it we must bring an open mind and a scientific approach in order to assess the "who, when, where and why" the individual died, and then to establish the manner (how) of death (natural, homicide, suicide accident or undetermined). Only then can we certify the death.

Our training and experience provides the basis of scene assessment. Together with the investigating police officer, we determine if the scene is primary or secondary. Is the scene consistent with a natural or unnatural death? What are the clues that support or refute what the scene appears to reveal? What information does the body reveal or suggest?

Often family members/friends provide a 'medical history' but they only know what was inferred or told to them. Sometimes their "facts" are anything but. The physician's role includes working through a differential diagnosis at the scene to confirm the likelihood of a natural cause of death but often requires the review of a physician's office file and/or the hospital file to define fully the disease process leading to death.

We must have an in depth knowledge about the drugs prescribed or ingested by the deceased as this is invaluable in considering whether they could have been a factor in the death. The bioavailability of generic drugs or drug interactions can be problematic in certain circumstances. The practical knowledge of the effects of prescribed and/or illicit drug ingestion is part of our daily working lives.

Coroners need to be able to dissect the disease processes leading to death. We must also know the impact of acute illnesses or injuries on the underlying more chronic health issues in order to ascribe the correct mechanism or disease as the cause of death. We are sensitive to the nuances of drug therapies, diseases and age-related changes. Therefore we must maintain up to date levels of knowledge in all these aspects of medicine

For complex cases where the cause of death may be related to trauma/injury, deliberate or otherwise, the requirement for autopsy and possible toxicology is necessary. The forensic pathologists, as specialists, bring their considerable expertise in solving the cause of death. Wounds, wound trajectory, types of weapons used, toxicology interpretations and unsuspected disease processes are but some of the important information revealed by complete body examinations. Determination of how trauma was inflicted (i.e. self-inflicted versus assault) and whether the injuries actually were a factor in the death is crucial.

In autopsied cases we utilize the forensic pathologist's scientific findings in order to complete our investigations and provide the correct death certificate in a timely fashion. For homicides, many suicides and unusual or unexpected disease processes, the cause of death is usually easily determined. The coroner's role also includes establishing the manner of death. There are cases where determining the manner of death involves both the scene (visited by the coroner and, on occasion, the forensic pathologist) and the societal circumstances including the mental state of the deceased. What may be initially considered a suicide for instance can, in certain circumstances, turn out to be an accident.

The scientific approach to DI must also include rigorously enforced checks and balances to ensure high standards in case management. Best practice guidelines, regularly updated policies and procedures, frequent CME meetings plus peer reviews provide solid bases for excellence as exemplified by the Ontario coroners and forensic pathologists.

The clinical and scientific challenges fulfill the curiosity in us. However, it is the positive influences on the families of the deceased whom we also serve, that provides a lasting satisfaction. A broader area of satisfaction comes from the knowledge of improvements in public safety, for example, a stop sign where there was none before, a hospital has better and safer procedures in place for patient care and a road now with warning bumps before a stop sign whereas before, the setting sun blinded drivers.

As coroners we use the science of medicine to speak for the dead. As physicians we use the art of medicine to protect and care for the living.

I am a coroner because I believe I can and do make a difference.

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