

Interacting with Coroners in Healthcare



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The role of the coroner in relation to suicide is to confirm the identity of the deceased; how the death occurred and the cause of death. In some cases the coroner may comment and make recommendations aimed at helping to prevent similar deaths from happening in the future.

It is usual for the coroner to appoint a police officer to gather information on their behalf. You may receive a letter from the police requesting medical records. The coroner has a legal right to full access to medical records. If you provided care to the patient you might then receive a formal request for a legal statement. The police may be seeking statements from others involved in the care. The coroner may also seek expert medical opinion on the care as part of the investigation and the process may take several months. It is advisable a doctor requests to be listed as an 'interested party' as they will then be informed when conclusions are finalised.

The coroner will then decide if they have enough information to conclude the case, or if it is necessary to proceed to an inquest (a court hearing). The majority of cases are concluded without the need for an inquest. In a minority of cases where the cause of death is unclear or where there are significant issues of public interest an inquest will be called, a doctor may then be called as a witness. The doctor will be cross-examined by lawyers and be questioned on their management which can be a very stressful experience. The coroner will then summarise his findings.

Although the purpose of a coronial inquiry is not to assign blame, the coroner may choose to refer a doctor to AHPRA if they have concerns regarding the management of the deceased patient. The Coroner's Written Findings are published online, and adverse findings or criticisms of doctors have been used by relatives and lawyers to help guide the likelihood of success in civil litigation.

A civil claim has the potential to result in the award of sizeable damages for 'dependency claims' (for example, following the preventable suicide of a high-earning single parent of young children), or for 'nervous shock' (for example, the suicide triggering a severe mental impairment in a family member meaning they could no longer work). Rarely, the coroner may refer a doctor to the director of public prosecutions if they suspect criminal activity took place.

When should you call MIPS?

MIPS members choose to involve us at different points when faced with this issue. Some will do so after they have provided their statement to the coroner and some members have been known to attend an inquest without having informed MIPS at all.

However, it is strongly encouraged that you contact MIPS' 24-hour Clinico-Legal Support on 1800 061 113 at the earliest stage of the process and that is as soon as you learn of the death of a patient by suicide; that can be regardless of you not having access to all the facts.

A MIPS clinico-legal adviser will ask questions about the patient, and will also likely ask to be forwarded a copy of the medical records. This allows MIPS to be as prepared as possible when it comes time to make a statement to the coroner. You will be assisted with preparing the statement before final submission. If the case proceeds to inquest you will be provided with legal assistance.

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