Written evidence from Professor Guy N Rutty MBE

1. I am the Professor of Forensic Pathology, University of Leicester, being the Chief Forensic Pathologist to the East Midlands and responsible officer to the Pathology Delivery Board of the Home office and Department of Justice, Northern Ireland. I undertook my first autopsy around 1988 and in 2001 established and continue to manage to this day the only true academic forensic pathology unit in the UK. The views expressed below represent my own personal views.

2. I am of the opinion that until the Coroner's Service for England and Wales changes from the current locally funded, two tiered (forensic and non-forensic) investigative service which currently is heavily dependent upon fee for case services of overstretched NHS histopathologists and aging mortuary facilities to one similar to the devolved countries of Scotland and Northern Ireland, which are similar to the rest of the world i.e. funded, full time employed, medico-legal (forensic) practitioner lead services, the current problems ingrained into the service will continue. This requires a commitment to change and a will to fund the necessary infrastructure, staffing, training programs, management and audit systems necessary to run such a service which at this time, as we approach Brexit and head towards recession as a consequence of COVID-19, I suspect will not exist.

3. To assist the seek a solution to the current problems in the coronial system there already exists two documents arising from previous reviews. These should be revisited as part of this new enquiry as both remain relevant to this day.

4. The first is the 2015 report of Professor Hutton. Although he was commissioned to review forensic pathology services of England and Wales, he identified that fundamental problems lay within the non-forensic coroner's service (https://www.gov.uk/government/publications/review-of-forensic-pathology-in-england-and-wales). Professor Hutton recommended "that a new nationally based 'Death Investigation Service' should be introduced for England and Wales" (4.3.2 of the Hutton Review) and that "an exercise is undertaken to identify and bring all this financial resource [drawn upon by forensic and coronial practitioners] under a common organisation which has no affiliations that would allow its independence to be successfully challenged" (4.5 of the Hutton Review).

5. The second document is the 2012 Department of Health report from the group I chaired; https://www2.le.ac.uk/departments/emfpu/national-documents-1/Can%20Cross-Sectional%20Imaging%20as%20an%20Adjunct%20and-or%20Alternative%20to%20the%20Invasive%20Autopsy%20be%20Implemented%20within%20the%20NHS%20-%20FINAL.pdf. Had this reports findings been implemented at the time then the piecemeal postcode lottery provision of post mortem computed tomography that has arisen subsequent to the report would have been avoided and we would have had a world leading, national autopsy imaging service to underpin a modernised coronial investigative service.

6. On this latter matter I am of the opinion that the dependence upon invasive autopsy, particularly related to natural sudden death in the community and some forms of trauma, for example road traffic deaths, as the default investigation requires a complete rethink. Autopsy practice is changing

across the world with the adoption of cross-sectional imaging (usually computed tomography, sometimes magnetic resonance, sometime both) to enhance autopsy practice (in a similar way to its continued expansion as a front line diagnostic tool for clinical medicine and trauma) and, where appropriate, replace invasive autopsy – the so called "triage approach" to death investigation. Having used so-called post mortem computed tomography (PMCT) now in my autopsy practice since 2002, and authored, to my knowledge, the single largest body of work arising from within the UK on the subject, I believe that there is a more respectful means, first in terms of the deceased as a patient and second in terms of the multi-cultural society that we live in today, to investigating death without invasive autopsy and without compromising the coronial, civil, or criminal investigative systems. I believe that cross sectional imaging should be at the core of any future death investigation service and its cost should form part of a modernised fully economically costed coroner's service (as proposed in the 2012 document), not, for example, a fee levied upon the relatives as has occurred during the development of PMCT services. Within a modernised service, the invasive autopsy still exists, be it partial (targeted) or complete but we need to be more focused upon the question to be answered in the investigation and then apply the correct techniques and resources to investigate the death.

7. Currently all we are doing is patching up a sinking ship. We need to change but to do so we have to face up to the fact that to provide the service the deceased and bereaved deserve requires a complete overhaul of the medical provision of the service and that the true cost of any future service should be met in full, something that the current reliance upon local funding arrangements cannot achieve.

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