

Written evidence submitted by the Royal College of Pathologists (COR0005)

The Death Investigations Committee (DIC) at the Royal College of Pathologists was interested to see the discussion that took place during the oral evidence session on 5 May 2020, Management of the Coronavirus Outbreak, HC 36, on death certification and lack of clarity and requests for testing after death.

The DIC has raised a number of points that may be of interest in response to the discussion:

- There are concerns that a nationally co-ordinated approach to the pathological investigation and analysis of the COVID-19 outbreak has been severely lacking. Great reliance has been placed on the clinical cause of death. Many studies worldwide have shown that, when a post mortem examination is carried out, major discrepancies may be identified between the certified clinical cause of death and the cause of death determined at a post mortem examination. One manifestation of this is that a clinical cause of death may fail to determine the difference between someone *dying with* COVID-19 infection as opposed to someone *dying of it*.
- Given these factors, death certification data upon which epidemiologists are relying and using to contribute to Government policy is likely to be flawed.
- We also risk losing the opportunity to gather information to help inform the treatment of patients with COVID-19 and better research the disease.
- The gold standard for the investigation of the cause of death is through post mortem examination, with testing to include sampling for microscopy of the internal of organs. There is a need to undertake post mortem examinations in an appropriate number of deaths.
- Requiring post mortem examinations to be carried out on at least a sample of the patients who are dying during the COVID-19 pandemic would enable us to have a better understanding of the natural history and progression of the infection.
- Post mortem examinations would also allow us to examine the underlying pathophysiology; this would help establish those factors and mechanisms that determine why some patients die and others don't.
- While we appreciate the sensitivities involved for patients' relatives, post mortem examinations are normally carried out in the process of coronial death investigation. The national public health need for information about COVID-19 should allow these investigations to be carried out under pre-existing coronial law.
- It is imperative, however, that any post mortem examinations carried out on patients who are likely to have died from COVID-19 allow for full sampling. This would maximise the information such post mortem examinations can provide about the disease and the pandemic.

- The committee may be interested to know that the College has established a database of information about deaths related to COVID-19. Using data extracted from anonymised post-mortem reports, from the small number of COVID-19 post mortem examinations which have been done, our aim is to help inform the treatment of patients and support research to help develop new treatments. This initiative has the support of the Chief Coroner and the Coroners' Society of England and Wales.

The DIC has wider, longstanding concerns relating to the poor state of our coronial post mortem service.

These concerns were highlighted by the [Hutton Review of Forensic Pathology in England and Wales](#), commissioned by the Home Office (published November 2015). Professor Hutton identified that overall death investigation systems in this country are inadequate.

The DIC would welcome the opportunity to explain these concerns to you at a future date.

May 2020