Primum Non Nocere: Exposing Medical staff to the Coroner's Court

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Introduction

- **In 2020, coroners in England and Wales opened inquests in over 1:20 deaths[1].**
- **Any member of medical staff may be called to give evidence at these inquests, most have little or no prior exposure to this process.**
- **Numerous high-profile cases have coloured the expectations of many, with staff feeling vulnerable to litigation and viewing inquisitorial processes as aiming to apportion blame rather than learning from events[2].**

Background

- AW, a retired local GP, medical examiner and coroner's court support service volunteer, proposed a pilot to allow medical staff to undertake supervised visits to N. Yorkshire coroner's court inquests (Northallerton).
- With the support of JH, the senior N. Yorkshire coroner, he facilitated observation of court inquests, explained the inquest process, and provided the opportunity to meet the senior coroner for further discussion.
- The pilot took the form of an open invitation to all junior doctors and N. Yorkshire GPSTR Trainees within the Trust's catchment area.
- It was performed on a first-come, first-served basis allowing up to two attendees per day.

STRIVE

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Aim

- To provide medical staff with supervised exposure to the coroner's court to educate and alleviate witness anxiety around court attendance.

Results

Feedback from attendees was collated from its initiation in 2021 until July 2023.

- Sample size (n=33) was significantly limited due to Covid-19 lockdown restrictions.
- Feedback was overwhelmingly positive; all respondents were grateful for the opportunity and commended it for wider uptake.
- The main criticism of this pilot was that were only limited opportunities to attend.

From the feedback received, supervised visits:

- Enabled a greater understanding of the coroner's role.
- Highlighted the inquest as a fact-finding mission rather than a trial.
- Increased the attendees' confidence should they have to appear as witnesses in the future.

"The strengths of this experience include gaining a window to an experience that is often hidden. I would feel more confident now to attend a coroner's court either as a family member or as a doctor and I would also have a sense of trust in the process itself now."

"I learned more (and was more reassured!) in one morning with Tony than throughout all of my medical training to date.

"Great opportunity, please keep offering this!"

"It was a fantastic day and one that should be compulsory for all foundation doctors/ doctors in training, and it really demystified the coroners' court. Following this, I would be much less nervous about giving evidence."

Conclusion

- **Supervised coroner's court visits are practical, achievable, and invaluable to learning.**
- **Such guided exposure should be considered an important postgraduate medical training opportunity for trainees or CPD for SAS and consultant colleagues**.

References
1.https://www.gov.uk/government/statistics/coroners-statistics-2020/coroners-statistics-2020-england-and-wales
2.https://www.gmc-uk.org/-/media/documents/independent-review-of-gross-negligence-manslaughter-and-culpable-homicide---final-report_pd-78716610.pdf