

THE ROLE OF PATHOLOGIST IN SUSPICIOUS DEATH INVESTIGATION IN  
LAGOS STATE

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# OUTLINE

- Who is a pathologist?
- What are suspicious deaths/medicolegal deaths?
- Obtaining the required documents prior to conducts of autopsy
- The post mortem examination proper
- Issuing out the interim/post mortem report
- Expert witness in court
- Our challenges

# Who is a pathologist?

- A medical practitioner with years of experience
- Must have gone through a minimum of 5 years postgraduate residency training in the field of Anatomic Pathology
- Must be certified by MDCN to practice as a specialist
- Be able to perform autopsy and conversant with autopsies on fresh, embalmed, decomposed and even exhumed bodies
- PM is just one- half of what a pathology does.

# Purpose of an autopsy

- Find out cause of death (natural or not)
- Find out time since death
- In the new born whether live birth occurred or not
- Find out manner of death
- Establish identity when unknown
- Identify and preserve evidentiary materials
- To provide factual information to the law enforcement agents
- To determine size , stature and nourishment of the deceased

# Suspicious/ medicolegal/ reportable deaths

- What are these deaths?
- Section 14 of the Coroner's system law of 2007 highlights these deaths
- They are:
  - Unknown cause of death
  - Sudden or unexpected death
  - Unreported after occurrence
  - Violent, unnatural

# Medicolegal death

- Accidental or misadventure
- Due to self-neglect or negligence by others
- Death from industrial disease, accident at work or industrial poisoning;
- Due to a negligent medical intervention, misconduct or malpractice;
- Due to neglect during surgery or before recovery from anaesthesia or diagnostic or therapeutic procedure;
- As a result of non-conventional medical procedure or medication;
- Suicide, suspected suicide or assisted suicide;
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# Medicolegal deaths

- A known or unknown cause while in custody or shortly afterwards
- Due to an ailment within twenty-four (24) hours of hospital admission
- Maternal death occurring during or following pregnancy or that might be reasonably related to pregnancy
- Death in orphanage home
- Sudden Infant Death Syndrome (SID) and non-accidental injury
- Unnatural stillbirth and intrauterine death
- An ailment in a nursing home or hospice.

# Obtaining authorizing consent for autopsy

- The Coroner's law recognizes the Office of the Chief Coroner
- The Chief Coroner coordinates Coroner's services in the state
- Coroner covers a jurisdiction
- Coroner's consent must be obtained for any of these deaths
- The consent is a set of forms that are filled and taken to the coroner
- The coroner then sends the form to the Pathologist to perform the autopsy
- These forms are usually taken to the Coroner by the IPO
- Anyone with information about suspicious death can fill the form and take it to the Coroner



# The Coroner's forms

(Section 17) FORM A CORONERS' SYSTEM LAW ORDER FOR EXHUMATION .....District

To: .....

..... Whereas it appears  
..... has died in circumstances requiring the holding of an inquest  
upon his body and that the body of the said ..... has been buried at  
..... without such inquest being  
held (or without a post-mortem examination having been carried out) (or that the inquest held at  
.....

..... on the ..... day of  
..... has been (i) quashed ..... or (ii) reopened .....

..... These are to charge  
you that you cause the said body to be taken up and have a post-mortem examination carried out on it and  
safely conveyed to.....  
in the above-named district that I may proceed to inquire into the cause of death of the said  
..... (or as the case may be).

Given under my hand at ..... this ..... day of .....

.....

Coroner

- FORM B (Section 25(2)) CORONERS' SYSTEM LAW DEATH REPORT TO CORONER

- Particulars of Deceased, etc. (1) Name of deceased ..... (2) Sex ..... (3) Age ..... (4) Address ..... (5) Nationality and/or tribe ..... (6) Occupation ..... (7) Date, hour and place of death ..... (8) Supposed cause of death ..... (9) Name of person who found body or gave first information of death ..... (10) Address ..... (11) GSM No. (if any) ..... (12) Date and hour first information received by Police or Local Government or Medical Examiner or the Coroner ..... (13) Circumstances of death and names of persons who can give information ..... (14) Name of authority making first investigation ..... (15) Date and time of investigation ..... (16) Describe where and how body was found ..... (17) Marks of violence (if any) ..... (18) Circumstances of suspicion (if any) ..... (19) Date and hour when report was sent to Coroner .....

- (Signed)Person giving first information
- (Signed)Person receiving first information Date

FORM C (SECTION 25(3))

CORONERS' SYSTEM LAW INFORMATION TO MEDICAL OFFICER

Form to be filled in duplicate by agencies for the report of death when forwarding a corpse to the Medical Officer for post-mortem examination.

(1) Full name of deceased (if known) ..... (2) Town or village  
..... (3) Age ..... (4)  
Name and town or village of person (preferably near relative) who will identify the corpse to the Medical  
Officer ..... (5) Date sent to hospital  
..... (6) Name and number of police escort bringing in the deceased ....  
..... (7) Alleged cause of death  
..... (8) Any other useful information  
..... (9) Station ..... (10) Date  
..... Signature of officer of the agency for the report of death  
..... To be filled in by the Medical Officer. (1) Approximate date of death  
..... (2) Approximate hour of death ..... (3)  
Brief notes of post-mortem findings .....  
..... Station ..... Date  
..... Signature of Medical Office

# Order for Post- mortem examination

- FORM D (Section 26) CORONERS' SYSTEM LAW ORDER FOR POST-MORTEM EXAMINATION To:

Dr..... WHEREAS I am  
credibly informed (please see attached FORM B) that one  
..... of  
..... has died in  
circumstances which may require the holding of an inquest under the Coroner Law,  
you are authorised and required to make a post-mortem examination of the body  
of the said .....which will be delivered to you by  
.....  
.....and to make a report to me within  
..... period  
of the receipt of this order. Given under my hand at .....  
this ..... day of..... .20  
.....

Signed..... Coroner

• FORM E (Section 27) CORONERS' SYSTEM LAW REPORT OF MEDICAL EXAMINER

- (1) Date and hour of receipt of corpse at mortuary ..... (2) Condition of corpse on arrival  
..... (3) Mode in  
which packed ..... (4) Date and hour of holding examination  
..... (5) Name of deceased (if  
known) ..... (6) By  
whom identified ..... (7) Approximate age  
..... (8) Sex ..... (9)  
Height, colour of hair, eyes, peculiar clothing and any other mark or means of identification  
.....  
..... (10) Probable date of death  
..... (11) Medical report .....  
.....  
..... (Please attach detailed medical report)
- (2) I certify the cause of death in my opinion to be: I. (a) ..... (b)  
..... (c) ..... II  
.....  
..... Date ..... Signed .....
- (3) (Name and signature) ..... Qualifications

# Post mortem examination proper

- 1. Visit to the scene
- 2. Background information
- 3. Detailed external description
- 4. Internal examination
- 5. Photography
- 6. Histology
- 7. Microbiology
- 8. Toxicology
- 9. Death certification.
- 10. Autopsy report

# Autopsy room in the department









# Challenges

- Lack of toxicological facility
- Lack of storage facility
- Inadequate information
- Inadequate pathologist
- Electricity problem

# Case scenario

- Sexual or autoerotic asphyxia- importance of visit to scene

A deliberate self hanging for sexual arousal

Could be taken for another thing

# Livor mortis



Livor mortis can be used to estimate TSD



# Rigor mortis





Thank you for listening