

23 March 2015

Justice and Electoral Committee
Select Committee Services
Parliament Buildings
WELLINGTON 6160

Coroners Amendment Bill

The New Zealand Medical Association (NZMA) wishes to make a written submission on the Coroners Amendment Bill (the Bill).

1. The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders. Our submission has been informed by feedback from our Advisory Councils and the Board.
2. The NZMA welcomes this Bill, which we note is primarily intended to enhance the current coronial system to ensure it is clear, timely and efficient, and that it supports families and improves public safety. We are generally supportive of all the key changes in the Bill and elaborate on our position on the various sections below.
3. We applaud the requirements for coroners' recommendations to be specific to the case and evidence before the coroner, as well as to be clear about how the recommendations will reduce the likelihood of future deaths in similar circumstances. We agree that these changes will make it easier for members of the public to understand how coronial recommendations link to the death. We also strongly support the requirement for the coroner to consider which individuals or organisations have an interest in the death and to ensure that those individuals or organisations have the opportunity to give evidence or consider any recommendations that may be directed to them before the coroner finalises his or her decisions. We hope that these requirements will, together, limit the statements (and media coverage) about health practitioners or services that are only peripherally-linked to the case before the coroner.

4. We welcome the Bill's provisions for improving processes in the coronial system. Specifically, we support improving clarity and transparency regarding retaining or returning human tissue samples in order to be more sensitive to the needs of families. We also strongly support the Bill's provisions to better protect the rights of people whose conduct may be called into question in an inquiry by requiring the coroner to notify them of their right to be represented, and to cross-examine witnesses, at the inquest.

5. The NZMA is in favour of better defining which cases need to be reported to the coroner or go to inquest but has some concerns that we wish to flag to the Committee. With respect to focusing the requirement to report medical-related deaths on cases where the death was not reasonably expected immediately prior to the treatment, operation, or procedure so that families are not unnecessarily disrupted by the death being reported to the coroner, we agree this will limit family distress. However, we would welcome clarification on who would be expected to make this determination. Would there be a medical examiner or comparable persons, for example?

6. The NZMA would also be concerned if raising the threshold for reporting medical-related deaths inadvertently leads to fewer autopsies, which are valuable for determining clinicopathological correlates (when diagnoses are not correct but that fact is evident only on autopsy) and therefore improving medical practice and, ultimately, population health. The value in autopsies also extends to relatives, who benefit from the independent opinion on cause of death, sometimes identifying matters of medical and legal significance to them.

7. The NZMA also has some discomfort with removing the requirement for a mandatory inquest into deaths in official custody or care, despite the coroner still being required to hold an inquiry in such instances.

8. We note that the Bill also accepts the Law Commission's recommendations for amending restrictions on reporting self-inflicted deaths. There is considerable evidence on the links between media influences on suicide behaviour. We draw the Committee's attention to the paper by Beautrais & Fergusson 2012 (attached),¹ which provides an excellent evidence-based summary of this issue. Our association is supportive of the Bill's proposed amendments which we believe will contribute towards reducing imitative suicidal behaviour. While we recognise the challenges between balancing freedom of expression and preventing suicide, as well as the challenges in enforcing the proposed restrictions on reporting, we believe that the amendments are consistent with international best practice in suicide prevention. We understand that the Minister of Health is required to prepare a set of non-legislative standards for suicide reporting and would welcome the opportunity to be involved in consultations during this process.

Thank you for the opportunity to input into this important legislation. The NZMA would like to request a hearing to make an oral presentation on this Bill.

Yours sincerely



Dr Mark Peterson
NZMA Chair

¹ Beautrais AL, Fergusson DM. Media reporting of suicide in New Zealand: "more matter with less art" (Hamlet, Shakespeare). N Z Med J. 2012 Sep 21;125(1362):5–10. Available from https://www.nzma.org.nz/_data/assets/pdf_file/0009/36396/beautrais.pdf

Attachment

Beautrais AL, Fergusson DM. Media reporting of suicide in New Zealand: "more matter with less art" (Hamlet, Shakespeare). *N Z Med J.* 2012 Sep 21;125(1362):5–10.