

When someone dies suddenly

A guide to coronial services in Aotearoa New Zealand



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INTRODUCTION

Tēnā koe,

You've been given this booklet because someone you know has died suddenly and their death has been referred to the coroner. We extend our deepest sympathies to you and your family and whānau.

The coroner is now investigating the causes and circumstances of their death, and will consider whether any comments or recommendations could be made that may reduce the chances of deaths occurring in similar circumstances in the future.

We understand that you may not always know what to expect from this process, including the time it will take. It can take months, and often several years, to complete. This booklet will help you to understand what's happened so far and what you can expect to happen in the future.

We hope you will also find this booklet helpful in answering any other questions you may have about the coronial process. If anything isn't clear, or you have further questions, please contact the coronial case manager. Their name and details can be found in the letter that was sent to you with this booklet. You may wish to note them below.

THE CASE MANAGER IS:

CONTACT:

It's important to us that we're keeping family and whānau representatives updated. Please keep the coronial case manager informed of any new/additional family or whānau members who need to be added to the contact list. This is important as it ensures we can inform family and whānau members when there's an important update to share.

Because this process can take some time, it's also important that you keep us informed of your own contact details, especially if you change address, phone number or email.

Ngā mihi,

Coronial Services coronialservices.justice.govt.nz

SUPPORT AVAILABLE

When someone you know dies suddenly, it can be an emotional and challenging time – even more so when the circumstances are complicated, or the cause of death isn't clear. You and your family and whānau may find support in each other and in your community. However, if you feel like you need some more support, the following organisations can help you in a range of ways:

ACC

For financial support if a family or whānau member has died from an accident. Freephone: 0800 101 996.

Website: acc.co.nz/im-injured/financial-support/financial-support-after-death

After a Suicide

An online support service run by the Mental Health Foundation for families and whānau affected by suicide. Website: afterasuicide.nz

Births, Deaths and Marriages (BDM)

For death certificates. Freephone: 0800 225 252. Email: bdm.nz@dia.govt.nz Website: govt.nz/organisations/births-deaths-and-marriages

Community Law Centres

For free legal advice to those who need it. Website: communitylaw.org.nz

Sands

Support for bereaved parents after a stillbirth or newborn death.

Website: sands.org.nz

SIDS and Kids NZ

For 24-hour support for families and whānau after a child dies unexpectedly.

Freephone: 0800 164 455. Website: sidsandkids.org.nz

Te Hokinga ā Wairua - End of Life Service

For all government-published information about end of life.

We b site: end of life. services. govt.nz

Manaaki Tāngata - Victim Support

For 24-hour practical and emotional support for victims of crime and trauma.

Freephone: 0800 842 846. Website: victimsupport.org.nz

Whetūrangitia

Support for bereaved family and whānau after the death of a child. Website: wheturangitia.services.govt.nz/infant-or-child-death

Te Hiranga Tangata - Work and Income

For a grant to help with funeral or tangi costs (income tested).

Freephone: 0800 559 009.

Website: workandincome.govt.nz/eligibility/urgent-costs/bereavement

TERMS WE USE

Chambers

A coroner's office.

Chambers hearing

One of two ways to finalise an inquiry. It is held in the coroner's chambers and cannot be attended in person. Also referred to as a 'hearing on the papers'.

Coroner

A judicial officer, like a judge, who investigates the causes and circumstances of a death and considers whether any recommendations can be made that might reduce the chances of deaths occurring in similar circumstances in the future.

Finding

The coroner's written decision about the causes and circumstances of death. This is provided at the end of the coronial process.

Inquest

One of two ways to finalise an inquiry. This is a public courtroom hearing where a coroner hears from witnesses about the facts relating to the death. Usually anyone may attend.

Inquiry

The coroner's formal investigation to look into the causes and circumstances of a death.

NIIO

National Initial Investigation Office. Sometimes referred to as the Duty Coroner's office. This office is part of Te Tāhū o te Ture – Ministry of Justice's Coronial Services Unit.

Pathologist

A specially trained doctor who examines bodies to identify the medical cause of death.

Post-mortem examination

An autopsy. A pathologist's medical examination of the body of the person who has died.

THE CORONIAL SYSTEM

What is a coroner?

A coroner is like a judge. They are independent judicial officers who investigate and make decisions relating to sudden and unexpected deaths in Aotearoa New Zealand.

To be appointed as a coroner, a person must have held a practising certificate as a barrister and solicitor for at least five years. Coroners are appointed by the Governor-General on the advice of the Attorney-General and Minister of Justice.

What does a coroner do?

They investigate the causes and circumstances of a sudden or unexplained death.

The coroner's role is to find out the causes and circumstances of any sudden or unexplained death.

It can seem strange that a coroner is involved when the reasons for a death may look obvious. However, coroners play an important role in New Zealand society. It's a coroner's responsibility to determine, as far as possible, the facts that led to a person's death.

At the end of their investigation, the coroner will issue their findings into the person's death. A finding is a written decision of the coroner about the causes and circumstances of the death.

The coroner may find things out while investigating a person's death that might help to save someone else's life in the future. If appropriate, the coroner may choose to make comments and/or recommendations to help prevent deaths occurring in similar circumstances.

Coroners have made recommendations to change road layouts, install barriers at train level-crossings, inform organisational policy, help improve workplace safety, and in relation to a wide range of other matters to reduce preventable deaths and make Aotearoa a safer place for everyone. A coroner doesn't seek to blame or punish people. They don't make decisions about civil or criminal liability.

Do all deaths in Aotearoa New Zealand get reported to the coroner?

No, only some. In most cases, people die from natural causes, such as health complications, old age or known medical conditions. These deaths don't need to be reported to the coroner. This is because:

- the cause of the death is clear enough to medical professionals and the Police; and
- there are no circumstances about the death that cause concern for the Police, a coroner or any other agency to investigate further.

Sometimes, in cases when a person has died of what appear to be

natural causes, their GP may feel they can't sign a death certificate because they're not confident of the probable cause of death. The GP may speak with the coroner about the matter. If the GP doesn't know the probable cause of death so can't sign the death certificate, the doctor must refer the death to the coroner.

Some other types of cases must be investigated by a coroner. If you would like to read about these cases, please turn to page 18.

What is the Coronial Services Unit?

The Coroners Court comprises up to 20 permanent coroners, including the Chief Coroner and Deputy Chief Coroner, together with additional short-term relief coroners appointed from time to time. The Coroners Court is governed by the Coroners

Act 2006. You can read more about the Act online by searching 'Coroners Act 2006'.

Te Tāhū o te Ture – Ministry of Justice provides administrative support to coroners so they can perform their role efficiently and effectively. The part of the Ministry that does this is called the Coronial Services Unit, which includes NIIO coordinators, case managers, administrative staff and others.

Each coroner has a case manager. Ministry staff, not the coroners, interact with families and whānau. Your main contact will be the case manager who works with the coroner assigned to inquire into the death of your family or whānau member.

Coroners and Coronial Services staff are located in regional offices throughout Aotearoa.

WHAT DO I NEED TO DO DURING THE CORONIAL PROCESS?

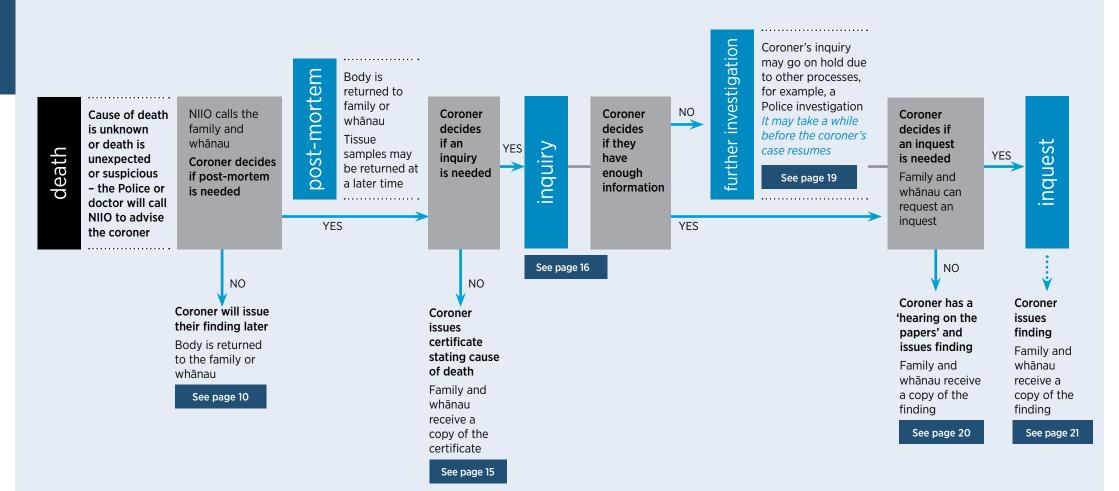
Please make sure you keep us informed of any changes to your contact details and respond to any communications from NIIO or the case manager. If the coroner decides to hold an inquest (a court hearing), the case manager will let you know how you can be involved.

CULTURAL AND SPIRITUAL CONSIDERATIONS

It's important to the coroner that they understand your cultural and spiritual needs during this time. Please call NIIO to let them know how your cultural and spiritual needs could be met.

You can have an advocate (support person), kaumātua, church minister or spiritual advisor present with you at any stage of the coronial process.

TIMELINE OF EVENTS



FIRST DAYS

It may be helpful for you to reflect on what has been happening to ensure you understand the process so far. If you would like to read about the next phase of the coroner's inquiry, please turn to page 16.

1. Death is referred to the coroner

Your loved one died unexpectedly, and the Police, or a medical professional, referred the death to the coroner. The Police will make inquiries into the death on behalf of the coroner, and may also begin their own investigation if they believe the death may have been caused by a crime. If the death results in a criminal prosecution, the coroner will wait until the criminal proceedings have been completed before deciding whether a coronial inquiry is required.

Why was my loved one's death referred to the coroner?

When a death is sudden, unexplained, violent, medically unexpected or happens in official custody or care, it must be referred to the coroner.

A death is in 'official custody or care' if it occurred when the deceased was in prison, Police custody or Oranga Tamariki – Ministry for Children custody or care, or under a compulsory treatment order made under mental health or intellectual disability, or addictions legislation.

The law also requires that all self-inflicted deaths are reported to the coroner, and that an inquiry must be held.

HOW ARE THE POLICE INVOLVED IN THE CORONIAL PROCESS?

The Police investigate the causes and circumstances of your loved one's death on behalf of the coroner. They may ask you or other family and whānau members to make a formal statement about your loved one and how they died.

The Police will provide the coroner with all the relevant information they have.

In some cases, the Police also conduct a criminal investigation. If this results in a prosecution, the coroner will wait for its conclusion before deciding whether a coronial inquiry is required.

The Police have staff members called coronial officers who deal with coronial matters and liaise with Coronial Services Unit staff. You'll find the details for your Police contact person in the letter that was sent to you with this booklet.

Who will let me know what is happening?

Representatives from both Coronial Services and the Police will contact you in the first few days after your loved one's death. They need to talk with you as part of the process of finding answers for you and your family and whānau. Occasionally, the coroner will contact you directly if they need to.

The **National Initial Investigation Office (NIIO)** is part of the Coronial Services Unit and works on behalf of the coroner. Someone from NIIO will be in touch with you about some important next steps. It's important that NIIO and the coroner have the correct contact person, or next-of-kin, to communicate with throughout this process. If you're *not* the right person to represent the immediate family, please tell NIIO who this person should be.

You can phone NIIO on 0800 266 800 or email niio@justice.govt.nz. Please note that if your loved one has died in a suspected homicide then the Police, not NIIO, will be your point of contact.

Please be assured that the people who contact you will treat you and your family and whānau with the greatest respect during this process.

2. Coroner may order a post mortem examination

The coroner may direct a pathologist to complete a post-mortem examination (autopsy) and provide a report containing their opinion about the causes of death.

Why will a coroner direct a post mortem examination?

To understand how your loved one died, the coroner may direct that a post-mortem examination be conducted.

In a **full post-mortem examination**, a pathologist (a specially trained doctor) will try to find the medical causes of death by thoroughly examining the person's body, both internally and externally.

Sometimes a coroner may direct a pathologist to do a more limited examination, called a **lesser post-mortem**. In such an examination, the person is typically examined externally, or just in certain parts of the body. Samples such as blood may be taken for testing, and there may be medical images taken (such as x-rays).

What if I don't want there to be a post-mortem examination?

Immediate family have the right to object to a post-mortem, except if:

- the death may be the result of a crime (such as a homicide), or
- the coroner directs an immediate post-mortem because there is good reason to do so, such as if delay might affect the pathologist's ability to determine the cause of death.

Please advise NIIO if you object to a post-mortem and if you can explain your reasons for objecting.

The coroner will take an objection into account when deciding whether to direct a post-mortem examination. In many cases, the coroner will also need to obtain the views of the Police and the pathologist.

The final decision whether to direct a post-mortem examination will be made by the coroner, taking into account all the available information, including any objections.

The coroner may decide to:

- uphold (agree with) the immediate family's objection, meaning there will be no post mortem
- direct a lesser post-mortem
- direct a full post-mortem
- direct an immediate post-mortem to ensure your loved one is returned to their family/whānau as quickly as possible.

If you're unhappy with the coroner's decision, you may object to the High Court. This must be done within 48 hours of receiving the coroner's decision to go ahead with the post mortem.

We recommend you seek your own legal advice about how to object to the High Court. Please advise NIIO if you decide to object to the High Court.

Where does a post-mortem examination take place?

A post-mortem examination is usually carried out at a mortuary at the hospital nearest to the body by a pathologist who is qualified to do so. If your loved one is a newborn child, or has died in suspicious circumstances that may involve a crime, a pathologist with additional specialist training may be needed.

If there's no hospital mortuary or suitable pathologist in your local area, your loved one may be looked after at a funeral home or local hospital before being moved to another part of the country for a post-mortem examination.

The pathologist will do the post mortem examination as soon as they are available. Usually it's the next working day after your loved one has died. The coroner, pathologist and the Police will do their best to ensure your loved one is returned to you as soon as possible.

When will I know the results of the post-mortem examination?

Provisional post-mortem report

Straight after the post-mortem, the pathologist will give the coroner a provisional (interim) report stating the unconfirmed cause of death. NIIO will also let you know that result.

The provisional post-mortem report states what the pathologist thinks the likely medical cause of death is, based on their examination of the deceased, but before all testing of samples has been done. Sometimes the cause of death isn't clear to the pathologist, and the report lists the cause of death as 'unascertained' or 'pending further tests'. That means the coroner may need to seek other information before they can determine the cause of death.

Final post-mortem report may take several months

The pathologist provides the coroner with the final post-mortem report after they have the results of any sample testing (toxicology results). The final report can take some months to complete.

If you would like a copy of the final post-mortem report, please contact the case manager.

It's a very detailed medical document and isn't always easy to understand. It can also be distressing to read about the post-mortem examination of a loved one. We recommend you take the final post-mortem report to your GP to discuss what it means.

Unfortunately, even after a post mortem examination, it isn't always possible in every case to determine a cause of death.

Sometimes the coroner will make the final conclusion that the cause of death is 'unascertained' – this means that after all the expert evidence and facts have been reviewed, there's no clear explanation how and why the person died. This can occur, for example, when a body has badly deteriorated before a post-mortem examination, or where a person is missing and there is no body to examine.

BEING WITH YOUR LOVED ONE

You can view or be near your loved one at the mortuary or local facility if there are appropriate facilities and the coroner says it's OK. However, there are likely to be some restrictions on the number of people who can view together or on the time allowed for the viewing, such as if other families and whānau are also viewing their loved ones.

The NIIO team will do what it can to help you view your loved one at a time that suits you, or to arrange for you to remain near your loved one.

It's best if you can arrange for the family and whānau members to attend together.

Please call NIIO on 0800 266 800 if you want to view your loved one and/or remain near them while they are in the coroner's care.

3. Pathologist may retain body tissue samples taken during the postmortem examination

If there was a post-mortem examination, the pathologist may have kept some body tissue samples so that they can further investigate the death.

Samples can help the pathologist and coroner find out, as accurately as possible, the medical causes of death, and how and why your loved one died.

Samples can be very small pieces of an organ, or blood and/or other bodily fluids. Most samples are no bigger than an adult's thumbnail.

What happens with tissue samples after the post-mortem examination?

Samples are then tested by medical specialists to establish whether there are any scientific indications as to why the person died.

Can I ask for body tissue samples to be returned to me?

Yes, we'll ask if immediate family and whānau would like any samples that were taken to be returned to you. We will send you a form to complete and return to us. The form is called 'Request for Return of Samples' and is also available on the Coronial Services website. Sometimes there are no samples left once the testing has been completed.

What if I don't want the body tissue samples returned to me?

If you don't tell the case manager you'd like to have the samples to be returned to you, the coroner will assume you don't want them and they may be disposed of. Other family or whānau members may also receive samples, if they ask for their return.

How and when are samples returned?

Samples cannot be returned until after the coroner has closed their inquiry. This might take several months, or in some cases years.

If there's a Police or other investigation into your loved one's death, it's likely the samples won't be returned until all inquiries are closed.

When the samples are ready to be returned, someone from Communio (a bereavement care service contracted to Te Tāhū o te Ture) will contact you to organise this.

You'll receive a small box and inside will be the sample, triple-sealed in a test tube or wax slide, along with instructions on storage.

More information about Communio is available online at communio.co.nz/tissue-return

4. Receiving your loved one and making funeral arrangements

Once your loved one is ready to be released from the mortuary or returned to the local facility, you'll need to arrange for a funeral director to collect them on your behalf, or you may arrange to collect your loved one yourself.

If you wish to collect your loved one yourself, please speak with NIIO about the legal requirements for transporting deceased persons.

If you wish to use a funeral director to collect your loved one and take care of matters, we recommend contacting them early on. They know the coronial process and will contact us to let us know they're acting on your behalf. This will prevent unnecessary delays once the coroner has authorised your loved one's release.

Your funeral director will receive a release form and cremation certificate from the coroner to allow for burial/cremation to take place.

Will I be able to get my loved one's possessions back?

The coroner doesn't keep any personal belongings of your loved one. Any possessions your loved one had with them will be returned to next-of-kin where possible, but some items that may be collected by the Police at the scene where your loved one died, such as diaries, notes, mobile phones and laptops, may be held until the coroner is satisfied they're no longer needed for the coronial investigation.

Please be aware that when your loved one's possessions are returned to you, they will be in the same condition in which they were found.

If you have any questions about this, please contact the case manager.

How do I register my loved one's death and get a death certificate?

Your funeral director will help you to register the death and obtain an interim death certificate from Births, Deaths and Marriages.

If you choose not to use a funeral director, you will need to register the death yourself by contacting Births, Deaths and Marriages.

When can I get a final death certificate?

Final death certificates are only issued by Births, Deaths and Marriages once the coroner has completed their final findings. You'll receive information from the case manager at that time on how to get a final death certificate.

Most agencies, such as banks, insurance companies, ACC and Work and Income, will need a final death certificate before they can process any applications you make to them. However, the case manager can send you an interim certificate of findings that may help you with official matters. Simply email or phone the case manager to ask for a copy of the interim certificate of findings.

5. Coroner will now begin to investigate the causes and circumstances of your loved one's death

A coroner will now begin investigating how and why your loved one died. A coronial case manager has been assigned to the case and they will help you through the coronial process.

This phase of the coronial process is explained in the next section of this booklet.

WHAT HAPPENS NEXT?

The coroner will decide whether they need to open an inquiry into your loved one's death.

How long is the coronial process going to take from here?

The coronial process ends when the coroner issues their certificate of findings.

Some findings are released sooner than others, for example, if it's a naturally caused death where a coroner decides an inquiry isn't needed.

Other findings may be released much later, especially if an inquiry is opened, and the process could take several years.

Inquiries and findings are explained further in the following sections of this booklet.

What is an inquiry?

A coroner holds an inquiry to find out why, where, when and how a person died. Inquiries also help coroners make comments or recommendations that might prevent a similar death happening in the future.

Will there be an inquiry into my loved one's death?

Coroners don't need to hold inquiries into all deaths.

New Zealand law requires that a coroner must conduct an inquiry in certain cases. This is explained further on page 18.

In other cases, a coroner tends to open an inquiry when their initial investigation has not produced

TE HOKINGA Ā WAIRUA - END OF LIFE SERVICE

We understand that you may be unsure of what you need to do after a loved one dies. Te Hokinga ā Wairua – End of Life Service is a guide for you and your family and whānau during this time. Te Hokinga ā Wairua can help you with things like arranging the funeral, registering the death and working through your loved one's estate.

endoflife.services.govt.nz/welcome

enough information for them to make findings on the causes and circumstances of a death.

How long will it take the coroner to decide whether there should be an inquiry?

Inquiries are usually opened soon after a death has happened, but the decision can sometimes take longer depending on the circumstances.

The coroner may wait for further information before deciding whether there should be an inquiry, such as information from the Police, or a final post-mortem report.

The coroner may wait until another investigation or a prosecution has been completed, before deciding if further inquiry is needed.

It is important to remember that it may be several months before the final post-mortem report is available.

Will I be told if an inquiry is not opened?

Yes. In such cases, you'll receive a notice from the coroner advising that they have decided not to open an inquiry. The notice will state the cause of death of your loved one.

This is a common outcome for family and whānau involved in the coronial process, with over half of families and whānau receiving a notice that no inquiry has been opened.

If you are told that no inquiry will be opened, the coronial process is finished for you.

WHAT DO CORONIAL CASE MANAGERS DO?

Coroners are supported by the Coronial Services Unit, which is part of Te Tāhū o te Ture – Ministry of Justice. A dedicated coronial case manager will be your point of contact throughout the coronial process.

If you have any questions about the coronial process or timeframe, please contact the case manager. Please know that the case manager will do their best to contact you as quickly as possible, but updates about the investigation may take some time if the coroner is waiting for evidence to progress the inquiry, or for another agency (such as the Police, WorkSafe or the Health and Disability Commissioner) to first complete its investigation.

We hope this booklet answers as many questions as possible, but please do contact the case manager if there's anything else you'd like to discuss about your loved one's case.

You may wish to turn to page 22 to read about how you can access information from your loved one's coronial file.

When is an inquiry opened?

An inquiry tends to be opened in more complex cases, where the initial investigation alone isn't enough to enable the coroner to reach a decision on the causes and circumstances of a death.

In addition, New Zealand law states that a coroner must conduct an inquiry in certain cases. This must happen when:

- the death appears to be self-inflicted (a possible suicide)
- the death happened when the person was in official custody or care. This means:
 - in Police custody
 - in prison
 - in Oranga Tamariki care or custody
 - subject to a Compulsory
 Treatment Order (CTO) under mental health or intellectual disability legislation
 - detained as an in-patient for alcoholism or drug addiction treatment
- the initial information that was gathered doesn't properly explain where, when and why someone has died.

WHY DO BOTH THE POLICE AND THE CORONER INVESTIGATE?

The coroner's inquiry differs from a Police criminal investigation. A Police investigation seeks to find out whether anyone is criminally liable for a death and, if so, to prosecute them.

A coronial inquiry doesn't look for blame; it looks for facts to determine how and why a person died and how similar deaths could be prevented in the future.

Other deaths that lead to coronial inquiries include:

- unnatural or violent deaths
- deaths that occur during, or resulting from, a medical procedure and which are medically unexpected
- deaths of women while giving birth.

What happens during the inquiry?

During the inquiry, the coroner will gather evidence and statements from a range of sources to help establish the facts of how your loved one died. It may help to think of it like the coroner collecting a whole lot of jigsaw pieces and putting them together to complete the picture.

The coroner will need to make the key decision whether to complete their inquiry by:

- holding an inquest (a public hearing) before issuing a written finding; or
- issuing a written finding based on the information they have received (a hearing on the papers or 'chambers hearing').

How long will the inquiry take?

Inquiries can vary in length and, partly because of the caseload of coroners, can take several years where a full inquiry is required. The time your loved one's inquiry takes will depend on the complexity of how they died, the evidence the coroner needs to gather, the coroner's workload and whether the coroner is waiting for a prosecution or any other investigation to finish.

The evidence the coroner gathers can include information from the Police, WorkSafe, employers, colleagues, friends, family and whānau, experts, eyewitnesses and medical professionals, among others.

Sometimes a coroner will need to put the inquiry on hold until a prosecution relating to the death or another investigation is finished, for example, a Police investigation if your loved one was killed in a motor vehicle crash, or a Civil Aviation Authority investigation if they were killed in an aircraft accident.

Waiting to receive evidence and for other investigations to finish means that some inquiries will take longer.

HEARINGS

A hearing happens towards the end of the process, which may be several years after the death. This is when the coroner considers all the evidence collected during their inquiry and determines the facts relating to the causes and circumstances of the death.

After the hearing, the coroner will write up their findings regarding your loved one's death.

TYPES OF HEARINGS

A hearing can happen in one of two ways:

- in the coroner's chambers (their office). This is known as a 'hearing on the papers' or a 'chambers hearing'; or
- in open court. This is known as an 'inquest'.

It's important to note that the hearing won't decide civil or criminal liability. The coroner's role is to determine the causes and circumstances of the death and, where appropriate, to make comments and recommendations that may prevent deaths in similar circumstances.

HEARING ON THE PAPERS/ CHAMBERS HEARING

This is the most common way for a coroner to complete their findings.

The coroner will make a finding (a written document that sets out the coroner's decisions about the causes and circumstances of the death) in their chambers after reading and considering all the evidence.

Can I go to a hearing on the papers?

No, this hearing isn't held in public, which means that family and whānau members, witnesses or other interested parties don't attend.

How long does a hearing on the papers take?

Once all necessary evidence has been gathered, it may take the coroner weeks or months to release their written finding.

If the coroner proposes to make recommendations or adverse comments in their finding (comments that are critical about people/companies/organisations), they are required by law to give notice to the affected people or entities so they can respond. That process may mean that completion of a finding is delayed for some months.

HEARING IN COURT - INQUEST

If the coroner decides they need to hear from witnesses in person, they'll hold a hearing in open court. This is called an inquest.

Why will a coroner decide to hold an inquest rather than a hearing on the papers?

Inquests aren't as common as hearings on the papers. They're usually held when there are complicated issues, disputed evidence or there's a lot of public interest in a case.

If the coroner decides an inquest needs to be held in relation to your loved one's death, the case manager will let you know all the relevant details.

Can I ask for there to be an inquest?

Families and whānau and other interested parties may also request an inquest, and the coroner will take that preference into account.

Interested parties can also request to give evidence or question other witnesses, in which case an inquest must be held.

Please write to the case manager if you feel there are reasons for an inquest, or if you want to give evidence in person or question any witnesses.

Can I go to an inquest?

An inquest is a public hearing where family and whānau members, witnesses and other interested parties can attend.

Inquests are also open to members of the public and accredited media organisations (more information about media is on page 23).

What can I expect to happen at an inquest?

An inquest is usually held in a courtroom. If the coroner approves, it can also be held somewhere else, such as a conference room or marae.

The coroner will decide, in consultation with family, whānau and other interested parties, what issues they need to determine, the evidence to be considered, and the witnesses they need to hear from in court. Family and whānau members or their lawyer (if they have one) can question the witnesses. The coroner can also ask questions.

The coroner may also have a lawyer helping them with the inquiry. This lawyer is referred to as 'Counsel Assisting the Coroner.'

Do I need to have a lawyer at the inquest?

You don't need to have a lawyer at the inquest, but you may want one. If you do want to have a lawyer represent you, you must meet that cost. You can have support people at the inquest, like family and whānau or close friends.

If you want to have a lawyer represent you but can't afford it, you may be eligible for legal aid. You'll find information about legal aid online, go to justice.govt.nz/courts/going-to-court/legal-aid or freephone 0800 253 425.

Your local Community Law Centre may also be able to assist with advice.

After an inquest, how long does the finding take?

Inquests are complex. It is likely to take some months after an inquest for a coroner to release their finding.

Delays can also occur if the coroner needs to consult parties who would be affected by recommendations or adverse comments (criticisms) the coroner proposes to make.

FINAL STAGE: THE CORONER'S FINDING

What is a finding?

The coroner's finding is an official written record of their decision about the causes and circumstances of your loved one's death. It is based on all the evidence they've heard or gathered during the inquiry and the hearing.

In their finding, the coroner may also make comments and recommendations aimed at reducing the chances of a similar death happening in the future.

The written finding is the last step in the coronial process.

How do I get a copy of the finding?

The coroner completes their inquiry by issuing a certificate of findings (the official record) and written reasons for their findings. The case manager will send these to you.

Once the final finding has been issued, the death certificate can also be updated with your loved one's final, confirmed cause of death.

Can anyone else get a copy of the coroner's findings?

Usually they can. Under New Zealand law, coronial findings can be given to any member of the public or media upon request.

However, it is important to note that the coroner can still prohibit certain information from being made public.

What are non-publication orders?

A coroner will often make rulings which prevent publication of certain information, such as the names of persons, photos, or particular facts relating to a death. Everyone, including journalists, is legally obligated to comply with these rulings – known as 'non-publication orders'.

There are also certain legal restrictions on what can be published when a death is a suicide or suspected suicide. You can read about these restrictions on the Coronial Services website, coronialservices.justice.govt.nz/coronial-services/

Can I get the final death certificate now?

Final death certificates can be issued by Births, Deaths and Marriages once the coroner has completed their final findings. You'll receive information from the case manager on how to get a final death certificate once the findings have been issued.

The coronial process is finished for you once you receive the coroner's final findings. The next section of this booklet explains how you can access information from your loved one's coronial file.

GETTING DOCUMENTS FROM A CORONIAL FILE

You may be interested in seeing some of the documents that the coroner holds on your loved one's case file, such as the final post mortem report or the results of another organisation's investigation.

DURING THE INQUIRY

Access to post-mortem reports

The immediate family and whānau may be entitled to a copy of certain reports:

- the provisional post-mortem report; and
- the final post-mortem report.

Please ask the case manager about getting a copy of these.

Access to other documents held by the coroner

While the inquiry is ongoing, the coroner decides who can access other information on the case file. They may decide not to release documents at that time because they form part of the evidence the coroner is considering.

If documents are not released to you while the inquiry is active, the case manager will explain how to request them when the file is closed.

If the coroner is holding an inquest as part of their inquiry, they will also decide what information gets released to family, whānau, interested parties, the media and the public, and when it will be returned.

AFTER THE INQUIRY IS FINISHED

If you would like to access any documents after your loved one's case file has been closed, please get in touch with coronial.information@justice.govt.nz

Can the media and members of the public access my loved one's coronial file?

Under New Zealand law, coronial findings can be given to any member of the public or media upon request.

They can also request copies of documents held on the coronial file. However, they are not able to access information that is especially personal or sensitive. This means they will not receive from the court file documents such as post-mortem reports, suicide notes or sensitive photos.

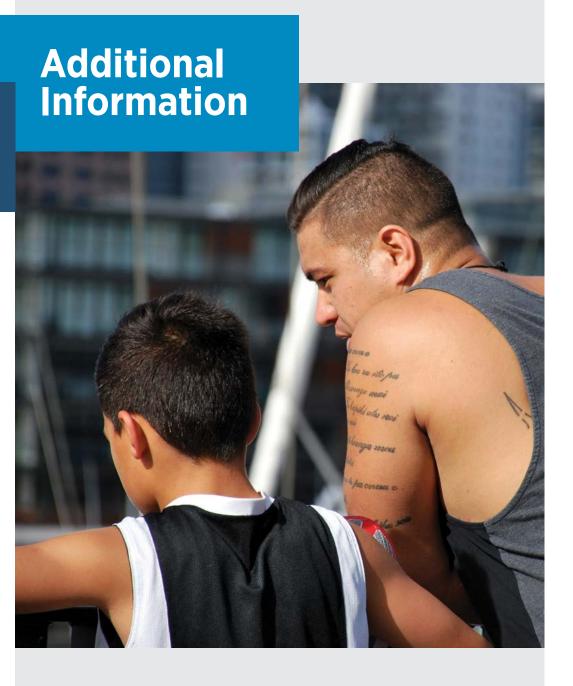
It is important to remember that the coroner can make an order to prevent publication of certain information. See page 22 for more information on non-publication orders.

There are also certain restrictions regarding what media can publish when a death is a suicide or suspected suicide.

MEDIA INTEREST

Journalists may be interested in the causes and circumstances of the death of your loved one. It's possible that information about your loved one's death will be reported in the media at some point, and you may see media attending an inquest held in relation to the death of your loved one if there is one.

If a journalist contacts you regarding the death of your loved one, it's your decision whether you decide to talk to them. You don't have to, but you can if you want to.



CARDIAC INHERITED DISEASE GROUP

Sudden death from a genetic heart disorder

What sorts of cases do the Cardiac Inherited Disease Group (CIDG) investigate?

The CIDG investigates:

- sudden unexplained death in otherwise healthy young people with no major post-mortem findings
- seizure-related deaths with unusual features
- sudden unexplained death in water of good swimmers or when someone saw the person who died collapse in the water
- post-mortem findings of possible or probable inherited cardiomyopathy
- sudden deaths associated with heart medications, supplements and drugs.

Approximately 100 people between the ages of one and 40 years old die a sudden natural death in Aotearoa each year. In about half of these cases, either no medical cause (for example, heart disease) is found in the post-mortem examination ('unascertained'), or there may be signs of a heart muscle problem ('cardiomyopathy').

Could someone else in my family or whānau die of the same thing?

Most disorders are not genetic (passed on through family or whānau relatives). In these cases, other family and whānau members are safe and don't need to worry whether they might have the same disorder.

In about one-third of the unascertained cases, there's an underlying genetic problem, so other family and whānau members may be at risk. When a heart muscle problem is found, up to half of family and whānau members could carry the same gene. Once doctors identify people at risk, they can help them.

Heart muscle problems

If a heart muscle problem is found, the pathologist may suspect that the death is related to what's known as a 'sudden catastrophic heart rhythm disturbance'. This can be caused by a genetic disorder that no one knew about. The pathologist and the coroner may ask for help from the CIDG, a national team of heart and gene specialists.

The CIDG investigation

If the CIDG investigates, they'll send family and whānau members a letter inviting them to meet the heart and gene specialists. If possible, this will be done locally so the family and whānau don't have to travel. It's helpful if several family or whānau members can meet at the same time.

The specialists will talk about the post-mortem findings, take a family and whānau history, and ask for any further information about the medical history of the person who has died. Some simple heart tests, such as an ECG (electrocardiogram) and heart scan (echocardiogram), will be offered to close relatives, such as parents, siblings and tamariki/children.

There may be medical tests (blood, tissue and genetic) on samples saved from the post-mortem examination. The results of these tests are reviewed by the specialist team, including the pathologist, and passed on to the family and whānau and coroner.

How long does it take?

The pathologist who conducted the post-mortem examination may refer the case to the CIDG. The CIDG will need to wait for special laboratory test results from the post-mortem examination and then write a report.

The coroner will usually release the post-mortem report to the family and whānau before the CIDG investigation, so the family and whānau can make all practical and financial family and whānau arrangements.

The CIDG investigation can take many months. Genetic tests take about two to three months. Organising the clinics and all the cardiac tests sometimes takes longer, depending on the health service

resources and where family and whānau members are located.

Do family and whānau members have to take part?

No. This is a clinical service designed to help people find a cause of death for their family and whānau member, and to assess whether they are also at risk. We strongly recommend that you attend, but you don't have to.

The CIDG coordinators are happy to speak on the phone first. Family and whānau members may be in different stages of grief, or may not want to attend with certain other family and whānau members. The CIDG will do its best to work with the needs of the family and whānau.

What will the investigation achieve?

If the death was caused by a genetic condition, the CIDG investigation will find out whether other family or whānau members are affected.

Death can then be prevented through daily medication or, in rare cases, a special pacemaker-defibrillator implant. The CIDG team will let you know if either of these treatments are needed.

About the CIDG

The service is led by Professor Jon Skinner, Children's Heart and Rhythm Specialist, Starship Children's Hospital. The heart specialists work closely with the national clinical genetic service. Details of the clinical teams and further advice about these heart conditions can be found at cidg.org.nz or through a Coronial Services case manager.

Contact details: CIDG Administrator cidgadmin@adhb.govt.nz

Please use the following pages to make a note of anything that you or your family and whānau might need to do throughout the process.

Notes



