



Dr. Mayorathan was born in Alaveddy, where he commenced his primary education at Arunodaya College. His academic journey continued at St. John's College, Jaffna for his secondary education, culminating in his undergraduate studies at the Faculty of Medicine, University of Jaffna. He graduated with lower second-class honours from the University of Jaffna's Faculty of Medicine in 2003.

Following his internship at the National Hospital of Colombo and De Zoysa Maternity Hospital, Boralla, Dr. Mayorathan furthered his career at the District General Hospital, Chilaw, where he served as a Senior House Officer specializing in Obstetrics and Gynecology. In 2007, he transitioned to Forensic Medicine, a field that would define his professional path. By 2009, he had earned a Postgraduate Diploma in Forensic Medicine, and in 2011, he obtained his MD in Forensic Medicine. His pursuit of excellence led him to the Medical Examiner Office at Harborview Medical Center, King County, Seattle, Washington, USA, for advanced overseas training.

In 2014, Dr. Mayorathan was appointed as the End Post Consultant Forensic Pathologist at Teaching Hospital Jaffna, marking a significant milestone as the first board-certified Consultant Forensic Pathologist at the institution in over two decades. Concurrently, he was designated as a Visiting Lecturer and Program Coordinator in the Department of Forensic Medicine and Toxicology at the Faculty of Medicine, University of Jaffna.

Since 2015, Dr. Mayorathan has been an esteemed member of the Board of Study in Forensic Medicine at the Postgraduate Institute of Medicine, Colombo, contributing as a trainer and examiner for postgraduate students. In his role as a Consultant Forensic Pathologist at Teaching Hospital Jaffna, he oversees the medico-legal services of the region and plays an active role in both undergraduate and postgraduate education.

His research interests focus on interpersonal violence and the disposal of deaths, areas where he has made substantial contributions through presentations at national and international scientific conferences. Dr. Mayorathan has published numerous papers in esteemed peer-reviewed journals, further establishing his reputation in the field.

Jaffna Medical Association Annual Scientific Sessions August 2024



PROFESSOR C. SIVAGNANASUNDRAM MEMORIAL ORATION

*"Disposal of Death - An area that is overlooked and
needs to be amended"*

By: Dr. Uruthirapasupathi Mayorathan
MBBS(Jaffna), DLM(Col), MD(Col)
Consultant Forensic pathologist,
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6th of August 2024
Hotel Valampuri,
Jaffna.

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MESSAGE FROM THE PRESIDENT



I am truly honored and deeply humbled in warmly welcoming you all for this grand evening.

Today marks the most important academic event as Jaffna medical association is commemorating one of the legends of medical fraternity the Late professor C.Sivagnanasundram.

Professor .C.Sivagnanasundram's contributions to the medical field in general and community medicine in particular are wide long lasting and beyond any calculations. His contributions to the field of evidence based medicine were highly impactful and infiltrative to many generations of medical practitioners of this country and far beyond. He was a versatile personality who has extended his foot prints strongly in Tamil literature and drama.

The Jaffna medical association takes pride in organizing the annual oration in his memory as one of the colourful events during it's annual congress. This year Dr.Uruthirapasupathi Mayorathan , a Consultant Forensic Pathologist working at The Teaching Hospital Jaffna and a proud product of Faculty of Medicine Jaffna is destined to deliver the oration. As a visiting lecture and program coordinator at the Department of Forensic Medicine and Toxicology, Faculty of Medicine, University of Jaffna his services are highly commendable.

I wholeheartedly wish him today on his oration on the topic "Disposal of Death-An area that is overlooked and needs to be amended".

Thank you
Dr. Vengadasalam Sutharshan
President
Jaffna Medical Association

Preamble

Professor C. Sivagnanasuntharam, affectionately known as "Nanthi," was a distinguished academic, researcher, physician, and an exceptional teacher in the field of medicine. He was the founding professor of the Department of Community Medicine and served as the third dean of the faculty. The nickname "Nanthi," bestowed upon him by the Tamil Nadu legend Rajaji, perfectly suited his career. In Tamil culture, "Nanthi" symbolizes wisdom and is featured at the center of the University of Jaffna's logo.

Professor Sivagnanasuntharam's expertise in health systems research gained international recognition, leading to his engagement as a consultant by the World Health Organization in several countries. His interests extended beyond medicine and community health; he made significant contributions to literature, writing popular short stories and novels enriched by his linguistic skills. Remarkably, he also acted in the Tamil film "Ponmani," directed by Mr. Dharmasena Pathirajah and released in 1977.

His profound knowledge of medical statistics, which he attributed to his eminent teachers at the University of London, was well-known. Learning research methodology from him was a joy for medical students. In 1999, he published an invaluable book titled "Learning Research," dedicated to his mentor, Professor Leonard Jan Bruce-Chwatt, a Russian-born scientist in tropical medicine. Dr. C. G. Uragoda, in his foreword to this book, remarked, "Prof. Sivagnanasuntharam, with his impressive fund of knowledge and experience as a teacher, researcher, and consultant on health systems research, has stepped in to fill the void."

I was fortunate to have Professor Sivagnanasuntharam as my teacher and mentor. He supervised my first public health study as a third-year medical student. His unique ability to simplify and explain complex hypotheses made learning from him a delightful experience. It is indeed a great pleasure for me to discuss a subject that fascinated Professor Sivagnanasuntharam and where public health and clinical medicine intersect.

Introduction

Death is an inevitable and universal human event that signifies the cessation of a person's existence in the world. Throughout history, the primordial human psyche has responded to the concept of death in various manners.(1) Ancient humans had a limited understanding of fatalities occurring by natural causes, but deaths that were not natural provoked anxiety and significant concern among them. The prehistoric man attached great importance to funeral processes and ceremonial ceremonies due to his belief in life after death and the idea that future existence is a continuation of current existence. Based on the belief in reincarnation, humans believed that the final thought of a dying person and the subsequent funeral ceremonies had a crucial role in securing a more favorable existence in the hereafter. The funeral offering might be either a burial or a non-burial method, and the choice was determined by the cultural background of the deceased.(2)

Legal regulations worldwide require the documentation of an individual's death in the death registry. To register a death, it is crucial to possess details about the person's identity, the cause of death, and the surrounding circumstances. Conducting comprehensive inquiries into the deceased is crucial to fulfilling the aforementioned requirements.(3)

Methods of Death Disposal

Dead bodies can be disposed of either legally or illegally. Legal disposal methods include soil burials, either with a coffin or wrapped in cloth (as is done in Jewish and Muslim traditions), entombment in a crypt or vault, cremation in a crematorium or on a pyre (as is done among Hindus and Buddhists), or donation to a medical institution for research purposes. In all cases, the death must be certified by a medical practitioner, and the registrar of deaths must issue a death certificate. (4) Illegal disposal refers to secret burials; such disposals include secreted burials either in single or mass graves, thrown into waterways, concealed in pits, thrown into the jungle, burnt, etc. The dismemberment of the body may precede such disposal. This is also referred to as surreptitious disposal. (1) Ancient societies had several customs for disposing of deceased bodies, including depositing the corpse in an uninhabited jungle, inaccessible to human beings. The corpse was placed on a raised structure to prevent being scavenged by indigenous canines or other animals feeding on dead flesh. (5) The indigenous tribes of Australia engaged in this technique, while the Parsees of India constructed tall enclosures known as the "Towers of Silence." The deceased corpses were positioned upon surfaces devoid of any garments. Shortly after, vultures swiftly gathered around the corpse, consuming the flesh and leaving just a skeletal structure behind. (6) In some exceptional circumstances, sea burials are also practiced. (7)

Current Practice of Managing a Death

In Sri Lanka, like in most countries, certificates of cause of death have a dual purpose. Firstly, they contribute to the legal record of the death; the cause of death may be significant in insurance and inheritance matters. Secondly, they are the source of mortality statistics, which have an essential part to play in medical research and Health Planning and are likely to become more valuable as methods of diagnosis and

analysis improve. (8) To register the death, authorized individuals must officially confirm the occurrence of the death. Subsequently, the deceased corpse will be transferred to the undertakers to carry out the final disposition of the body, which may involve either cremation or burial. Ultimately, relatives proceed to the office of the registrar of birth, marriage, and death to officially register the death and acquire the death certification.(9)

A. Death declaration

1. Death at home

If a death seems unnatural or suspicious, it is essential to notify the Police so that they can initiate an inquest. However, the death appears to be of natural causes, and there are three procedures to declare the death officially. A registered Medical Practitioner who is registered with the Sri Lanka Medical Council (SLMC) can be summoned. His origin does not necessarily pertain to that specific region to confirm and authorize the issuance of a statutory document known as the "Certificate of Cause of Death" (CCD), denoted as Registration B-12. Before issuing the Certificate of Cause of Death (CCD), medical practitioners must verify that the cause of death is accurately determined. The individual's demise was due to natural causes. He/she has treated the deceased's last sickness or was treated during the 14 days preceding the death and must observe the dead body. (8) In the absence of a qualified medical practitioner, the local "Grama Sevaga" has the authority to pronounce the death officially. If GS is content, they have the authority to issue a certificate in a prescribed format called "Report of the death by Grama Sevaga" (RDG), also known as Registration B-24. This certificate confirms that an individual has passed away due to a natural ailment. He lacks the authority to ascertain the cause of death since he lacks the qualifications of a medical practitioner. He must include

the GS division, date of death, name, sex, race, age, employment, and informant's name. Additionally, he should specify natural sickness as the reason for death instead of providing further details. (4) Furthermore, the body can be transported to the nearest hospital. The hospital medical officer will officially confirm the death and organize an inquest, as it is mandatory for all fatalities that occur in the outpatient department to undergo an inquest. After the inquest, the "Inquirer's Certificate of Death" (ICD) (Registration B-18) will be issued(8).

2. Death at Hospitals

When a death occurs in a hospital, whether it is a government or private hospital, a "Declaration of Death Form" (DDF) (Registration B-33) is issued by the Medical Officer if the cause of death is known and the manner of death is natural.(4,8,10,11) If an inquest is required per section 370 of the Criminal Procedure Code, notify the institution's Head and the police. The police will assist in the inquiry to conduct an inquest. Upon requesting an inquest, the Medical Officer must refrain from completing the Declaration of Death form (DDF).(8,10,11) If the cause of death (COD) is not known and the death is natural, the medical officer (MO) can indicate the likely COD on the Bed Head Ticket (BHT) and initiate an inquest.(8,11) If there are any suspicions, involvement of the judiciary (such as a Road Traffic Accident), or potential homicide, the probable Cause of Death (COD) should not be recorded on the BHT, even if it is already known. A formal inquest is conducted, resulting in the issuance of the "Inquirer's Certificate of Death" (ICD) (Registration B-18).(8,11)

3. Death occurs at outdoor

If a death happens outside the house or hospital, the police submit it to the ISD/Magistrate for an inquest. During this inquest, an "Inquirer's Certificate of Death" (ICD) (Registration B-18) is issued.(4)

4. Death at Estates

Upon the occurrence of a death within a government estate, the estate superintendent has the authority to officially declare the death by completing a prescribed legal document. If it occurs in a natural manner.(12)

B. Death Registration

The laws about this matter are specified in the "Births and Deaths Registration Act" (No. 37 of 2006) and the "Regulations for the Death Registrars".(12) Using one of the aforementioned prescribed forms (Registration B12, B18, or B33), a family member visits the "Registrar of Birth, Marriage, and Death" and applies for a "Declaration of Death form" (Registration B-11). The completed declaration of death form, along with the aforementioned statutory form, is sent to the Registrar. Subsequently, the "Death Certificate" (DC) is issued. It includes the location and manner in which the body will be disposed of, either by burial or cremation.(12)

C. Handling by undertakers

Upon obtaining the death certificate (DC), the deceased's body can be transferred to a funeral director for funeral preparations.

D. Disposal of the body

One can get the location for burial or cremation from the cemetery or the schedule for cremation from the crematorium following the production of the Death Certificate to the

authorities. To expedite funeral services in Sri Lanka, it is customary to authorize the undertakers to manage and inter the body at a cemetery or crematorium using Registration B12, B18, or B33 rather than relying on the death certificate.(12)

Death Investigation

The earliest documented instance of a death inquiry conducted by a medical specialist pertains to the murder of Julius Caesar in 44 BC. During this incident, an Ancient Roman Physician named Antistius examined the deceased body and determined that out of the twenty-three stab wounds, only one penetrating injury, specifically located between the left third and fourth ribs, was ultimately lethal. Therefore, Antistius can be considered the first officially acknowledged Medical Examiner in history.(13) In 1302 AD, a group of three physicians in Bologna, Italy, carried out the initial instance of a postmortem examination that a magistrate had ordered. The examination was conducted on the body of a young man who had died under suspicious circumstances.(14) During the Kandyan Kingdom in ancient Ceylon (1593-1815 AD), a death inquiry tribunal called "Sakshi Balanda" (meaning "evidence into") investigated suspicious deaths.(15). However, no evidence suggests that physicians were involved in these investigations.(16)

The British coronial system was established in 1883 AD as an adapted version of the English coroners' system.(17) In 1958, the United States enacted the model Postmortem Act, which delineates the specific categories of deaths that require investigation. This act was the foundation for developing individual state laws about death investigations.(17) Over time, these system changes have continuously been adapted to align with the progress of forensic investigations.

Death investigation systems across the world

Various death investigation methods have been implemented in different parts of the world, generally varying based on the investigating authority's jurisdiction. Regardless of the legal jurisdiction of the investigation, autopsies are solely performed by forensic pathologists.(18)

a. Coroner System

The coronial investigative system, which traces its origins back to Medieval England, has been adopted in countries that were once under British rule, including Australia, Canada, and some states in America. Sri Lanka adopted the coroner's system in the early 1800s, and unlike in England and Wales, the system has remained mostly unchanged for the past century.(19–21)

b. Medical Examiner System

United States of America principally practiced the medical examiner system. Medical examiners are highly skilled professionals, such as Physicians, Pathologists, or Forensic Pathologists, who have legal authority over a specific county or state. They have the ability to launch an official inquiry and thoroughly investigate a death, as well as perform postmortem examinations in certain cases.(22)

c. Police Investigation

In India, Bangladesh, Nepal, Bhutan, and the Middle East, death investigations are conducted through a process called an inquest. The Police carry out these investigations and then report to either the Coroner or Magistrate, depending on the specific circumstances.(23,24)

d. Procurator Fiscal System

A procurator fiscal, also known as a district attorney in Continental Europe, the Russian Federation, and Scotland. Scotland and England have distinct legal systems, and specific categories of deaths are examined through fatal accident inquiry

[FAI] conducted by a Procurator Fiscal, who also possesses the authority to levy a financial penalty.(25) The Scandinavian approach involves a simultaneous investigation by both the Prosecutor General and the state pathologist.(26)

Inquest: Sri Lankan Death Investigation System

The current Inquest system in our country is founded upon the Code of Criminal Procedure (CCP) Act No.15 of 1979. The procedural requirements for conducting an inquest, the types of cases that must be investigated, and the responsibilities and authority of the Inquirer into Sudden Death (ISD) are outlined in Chapters II, III, and XI, as well as sections 369-373 of the Code of Criminal Procedure (CCP)(27), and the Penal Code of Sri Lanka 1883 and its subsequent changes (1993, 1995, 2006).(28)

Three crucial stakeholders have a significant role in achieving the optimal conclusion in an inquest procedure. The individuals in question are

1. Medical Officers
2. Inquirer into Sudden Death
3. Police

The aforementioned individuals' understanding of the inquest is vital for them to carry out their duties effectively.

Doctor's Knowledge of Inquest

Setting

A hospital-based descriptive cross-sectional study was planned, and ethical clearance was obtained. Doctors' groups of three hierarchy levels (consultants, medical officers, and intern house officers) were selected through systematic random sampling. The sample size was calculated using a preliminary estimation of the population of given characteristics; 56% of medical officers had adequate knowledge, a level of precision of 0.03, a confidence interval of 0.05, and a non-repose rate of 10%.(29)

All the available doctors during the planned study period were included as much as possible with preserved autonomy and informed consent. Confidentiality was ensured throughout the study. According to the objectives, the self-administered structured questionnaire was administered in small groups of subjects with adequate instructions and collected soon after giving sufficient time to prevent a void of information. Collected data were entered, processed, and analyzed through SPSS statistical software. The good score was taken as a percentage above 75; the average score was from 50 to 75 percent, and the poor score was less than 50 percent.

Results

A total of 136 participants were involved in the study, comprising 44(32%) consultants, 45(33%) medical officers, and 47(35%) intern house officers. The mean age of the subjects was 39 years. Seventy-seven (57%) were males, and 59(43%) were females. Seventy-four (54%) subjects had experience in the healthcare practice of less than or equal to 10 years, while 62(46%) subjects had experienced more than 10 years.(30)

Doctor's Knowledge of Inquest Procedure

Regarding the procedure, 37%(N=50) had good knowledge while 61%(N=83) had average knowledge and 2% (N=03) poor knowledge.(30)

Knowledge of Inquest Procedure	Number of Doctors
GOOD KNOWLEDGE	50 (36.8%)
AVERAGE KNOWLEDGE	83 (61.0%)
POOR KNOWLEDGE	03 (02.2%)

Table 1: Doctor's Knowledge of Inquest Procedure

The Inquest Procedure

The inquest is a fact-finding inquiry about a death. It is not held to accuse anyone of a death. There is no prosecution or defense. The main objectives of an inquest are to establish the deceased person's identity and the cause, manner, and circumstances of the death. The findings of the inquest may be used for further judicial investigation.

In the legal system of Sri Lanka, an inquest is conducted either by an Inquirer into Sudden Deaths (ISD) or by a Magistrate. The Ministry of Justice appoints the ISD. In most instances, the ISD is a layperson. The ISD has the power to summon any witness to give evidence and produce any documents relevant to the inquiry of the death. If somebody fails to do so, the ISD may issue a warrant for the apprehension and produce this of such a person before him. The ISD can fine or order the imprisonment of a person who fails to appear before him when summoned.(27) The Magistrate conducts inquests on all homicides and suspicious deaths. According to subsection 371 of CCP of Sri Lanka, the magistrate should inquire into the deaths of prisoners, anybody who dies while in police custody or a mental hospital and leprosy hospital.

Doctor's knowledge of Indications for an Inquest

Regarding the indications, 43%(N=58) had good knowledge, 54%(N=73) having average knowledge and 2%(N=03) had poor knowledge .(30)

Knowledge of indications for an inquest	Number of Doctors
GOOD KNOWLEDGE	59 (43.4%)
AVERAGE KNOWLEDGE	74 (54.4%)
POOR KNOWLEDGE	03 (02.2%)

Table 2: Doctor's Knowledge of Indications for an Inquest.

Indication to request for an Inquest

According to the CCP and other statutes, the following deaths must be requested for an Inquest.

1. All-natural deaths where the cause of death is not known.
2. Natural deaths with known cause of death, but any suspicion arises.
3. All the deaths on admission at POD irrespective of the circumstances of the death.
4. Accidents include road traffic accidents, industrial accidents, domestic accidents, aviation accidents, naval accidents, and locomotive accidents.
5. Deaths due to suicidal acts.
6. Deaths due to violence (Homicide).
7. All deaths in custody include inmates of prisons, police custody, lawful and unlawful detention, patients in mental hospitals, leprosy hospitals, TB hospitals, elder's homes, children's homes, certified schools, etc.
8. Death due to medical, surgical, or anesthetic procedures immediately afterward.
9. Death following administration of blood, blood products, or a drug.
10. Death due to animal bites, rabies, or tetanus.
11. Maternal deaths
12. Vaccine-related deaths

Doctor's role in Inquest

regarding the doctor's role, 52%(N=71) had good knowledge while 29%(N=39) subjects had average knowledge and %19(N=26) had poor knowledge .(30)

Knowledge of doctor's role of inquest	Number of Doctors
GOOD KNOWLEDGE	70 (51.5%)
AVERAGE KNOWLEDGE	40 (29.4%)
POOR KNOWLEDGE	26 (19.1%)

Table 3: Knowledge of doctor's role in Inquest

Medical officer's role in an Inquest

Suppose a death occurs in one of the categories mentioned in the indication list. The medical officer should inform the police to arrange an inquest. At the same time, authorization from the head of the institution should be obtained. It is of paramount importance to document every step in the BHT. A death that occurs within 24 hours after admission to the hospital need not go for an inquest provided the cause of death can be determined. (4) The medical officer should not fill out the death declaration form when an inquest is requested. If they fill out the death declaration form, it will create confusion among ward staff, and sometimes, they may release the body that has to be subjected to an inquest. A death declaration form should be filled out if the medical cause of death is known and the death is natural. A probable cause of death can be given even an inquest has been requested in natural deaths. Still, in unnatural deaths, medical officers refrained from providing the likely cause of death. Subsection (5) of section 370 of the CCP of Sri Lanka clearly states the ISDs' powers. ISD/Magistrate is empowered to summon any person for the inquest. The ISD/Magistrate can also call medical officers for inquest

procedures. Medical officers must comply with such summons, and failing to do so would amount to contempt of court. (27) Deaths that can be missed to request for an inquest in medical wards, poisoning-related deaths, trauma patients taking over for medical treatment from the surgical wards, and trauma patients getting readmitted for a medical condition that the medical officers can easily overlook. Patients stay in the ward for a prolonged period in surgical wards, such as burn patients, head injury, spinal injury, etc. Patients retransferred from another hospital for conservative management also can be missed.

Overall knowledge of Inquest

Thirty-six percent(N=49) of subjects had good overall knowledge of inquest, while 62%(N=84) had average knowledge, and %1.5(N=02) had poor knowledge.(30)

Overall Knowledge of Inquest	Number of Doctors
GOOD KNOWLEDGE	49 (36.0%)
AVERAGE KNOWLEDGE	85 (62.5%)
POOR KNOWLEDGE	02 (01.5%)

Table 4: Overall knowledge of Inquest among doctors.

Designation and experience are significantly associated (p-value >0.05) with understanding the inquest. Gender did not significantly correlate with overall knowledge of the inquest.

Variables		Total number	Good score (>75%)	Average score (50-75%)	Poor score (<50 %)	Significance for overall knowledge of inquest
Designation	Consultants	44	22	22	00	0.029
	Medical officers	45	15	28	02	
	House officers	47	12	35	00	
Years of experience	Up to 10 years	74	20	53	01	0.022
	More than ten years	62	29	32	01	

Table 5: Association of overall knowledge of Inquest with Designation and Experience.

Considering the question on the preferred method for knowledge update, considering the first three preferences, most wanted regular seminars or workshops, followed by arranging small group discussions at convenient times and issuing leaflets.

Measures taken to update the knowledge of the doctors

1. Published two articles in peer review journals
2. Conducting a lecture to all categories of medical officers in a continuous medical education program organized by the Jaffna Medical Association.
3. Conducting workshops for medical officers regarding Inquest and cause of death.

Knowledge of the Inquirer into Sudden Deaths regarding Inquest

Although the legislation does not use the term “coroners,” the magistrates and the Inquirers into Sudden Deaths (ISDs) represent the counterparts of “coroners” of the United Kingdom. They are collectively called “death inquirers.”

The magistrates are judicial officers who have the magisterial judicial powers within their jurisdiction and are appointed by the Judicial Service Commission, which is chaired by the Chief Justice of Sri Lanka. The Minister of Justice appoints the ISDs based on the powers vested to him by the Code of Criminal Procedure Act.⁶ Inquirers Into Sudden Deaths' death inquiry powers are limited to the locality for which the appointment is sought. The death inquirers investigate deaths by themselves, and they do not have any other type of investigators to help out. However, police officers assist them during the inquiry⁽³¹⁾.

The minimum qualifications needed to be appointed as a magistrate are

- 1) Citizen of Sri Lanka,
- 2) Actively practicing attorney-at-law for not less than 3 years, and
- 3) Physically sound person with a good moral character.

In addition, they are scrutinized by a written examination and a viva voce before the appointment.

To apply for a post of ISD, the candidate should

- 1) A Citizen of Sri Lanka,
- 2) A Resident during the last 2 years within the area for which appointment is sought,
- 3) Not be younger than 30 years and not older than 58 years,
- 4) Have passed in 3 subjects at the General Certificate of Education (advanced level) examination (those who have passed in the science subjects are given preferences),
- 5) Be physically sound and of good moral character.

The selection is by a general interview.

ISD/coroners, primarily non-experts, lack the authority and capability to make choices and recommendations about public health hazards. Additionally, there is inadequate contact with the epidemiological

database regarding mortality statistics and healthcare provision. Therefore, it is crucial to enhance understanding of the inquest procedure, particularly in accurately documenting the cause of death and immediately and accurately communicating this information to the hospital system in order to ensure optimal healthcare delivery.

Measures taken to update the knowledge of the ISDs

I authored a book in the Tamil language to provide comprehensive information and satisfy the intellectual curiosity of the ISD working in Tamil-speaking regions of the island. Professors Kodikara from the University of Peradeniya and Clifford Perera from the University of Ruhuna authored publications on the Sinhala language.

Knowledge of the Police Officers regarding Inquest.

The police department plays a crucial role in investigating deaths. As part of their training at the Police academy, they receive instruction on inquest as a fundamental component of their curriculum. However, further knowledge updates are few. Furthermore, the Police Department does not assign regular personnel to conduct death investigations. Officers from different departments of the police are unable to perform the death inquiry effectively. Therefore, it poses an obstacle to both the ISD and the JMOs.

Measures taken to upgrade the Knowledge of Police Officers regarding Inquest.

We are actively engaging in the workshops organized by the Police department to enhance the expertise of the Police personnel.

It's time to switch to the Medical examiner System instead of the Inquest System.

The majority of the death investigation process is focused on medical aspects and requires the involvement of a medical expert. However, certain investigations are more complex and require the expertise of

specifically qualified Pathologists. When a Coroner/ISD provides his opinion on a medico-legal determination, it may not accurately be considered a "medical opinion." For years in Sri Lanka, this disparity has resulted in the unconnected and unpopular determination of cause and manner of death.(31–33)

Ideally, a medical examiner must be a Forensic pathologist, assuring the death certification may be more reliable and accurate and will positively modify the quality of the death investigation system.(34)

ISD/Coroners, mostly laypersons Apart from that, the Coroners/ISD are appointed by the Secretary of Justice Ministry (35) But are often politically nominated and have political ties that interfere with the independence of the procedures of investigations. That places the Coroner/ISD in a higher position and has the unnecessary power to summon qualified medical professionals. There were such reported unpleasant experiences between those two parties in the past that ended with long-term conflicts, ultimately affecting a proper investigation. (31) Conversely, there may be conflicts of interest with some parties, such as funeral directors and prosecutors.

Over the years, there has been a trend of converting the coronial death investigation system to the medical examiner system worldwide.(36)The best example is the state-wise distribution of the Medical examiner system in the USA, which highlights its advantages related to the quality of death investigation, uniformity, and central administration.

The introduction of a new system of death investigation in Sri Lanka is quite arguable. Establishing it is not a one-day target; hence, a stepwise approach is needed. It is wise to consider the common challenges and resolutions of the countries that adopted the medical examiner system.

The present fleet of Forensic medical experts in Sri Lanka, through their postgraduate training and experience, possess sufficient skills and knowledge to conduct death investigations according to the law's requirement, undoubtedly better than an Inquirer into Sudden Death (ISD)/Coroner. The current death investigation system can be swiftly converted into a medical examiner-centered system with minor modifications to the criminal procedure code. There needs to be a provision to appoint a Forensic medical specialist as a death investigator with all the powers of the existing ISD/Coroner, and the medical examiner can conduct an inquest to decide whether an autopsy examination is necessary or not. The Medical examiner needs to be made accountable to the Magistrate regarding the outcome of the inquest and autopsy.

This approach may be implemented without making any changes to the infrastructure. The current facilities and human resources of the forensic units at health institutions can be employed for this purpose without imposing any new financial burden on the government. Indeed, the medical examiner has the ability to optimize the utilization of the existing resources in his possession. Initial projections indicate that medical examiners can function more cost-effectively than coroners, provided they perform the same responsibilities with sufficient remuneration.

Modifying the death investigation system might potentially give rise to political challenges, particularly when it involves replacing coroners. Coroners have traditionally played a significant role in government and politics, which helps explain why they still exist today. The existing appointments of coroners are based on contracts lasting three years, and these political concerns might be alleviated through a gradual reform process. It is remarkable that just a few yards can distinguish between a proficient death investigation and an inadequate one.

Currently, a sufficient number of forensic pathologists is positioned in all the main locations based on the population density of various areas in the nation. Based on current training data, the number of Board-certified Forensic pathologists is projected to surpass 100 during the next decade. Additionally, the specific competence of Forensic medicine will be available throughout the country. Undoubtedly, it is imperative to initiate a public awareness effort to augment the general population's understanding of the benefits of the medical examiner system in comparison to the coroner's inquest. During the initial phase of implementing the new system, it is advisable to initially create medical examiners in the teaching hospital centers, following the approach adopted in America, and after that, proceed with the progressive decentralization of the system.

There may be a need for trained clerical and technical assistants to help medical experts in investigating procedures. The supporting staff already attached to the medico-legal units are thorough with the necessary medico-legal procedures, especially concerning death investigations. The same workforce can be used to proceed with the new system with some advanced professional training.

Conclusion

The death investigating system practiced in our country is derived from the British coroner system. It is very old and has many deficiencies. It is evident that important stakeholders are lacking in knowledge of inquest procedures, especially ISDs, who are unable to give medical opinions, which leads to incomplete mortality data.

It is high time that we gradually switch to a more effective death-investigating system. The Medical Examiner system is more scientific and feasible as it is carried out by a forensic pathologist, will reduce unnecessary autopsies, and provide proper cause of death and manner of death.

It is not easy to change the system, and it requires a lot of effort, such as raising awareness among the public, amending the existing laws, etc.

“Systems do not change easily. Systems try to maintain themselves and seek equilibrium. To change a system, you need to shake it up, disrupt the equilibrium that often requires conflicts.”

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