**INQUIRY INTO
PEDIATRIC FORENSIC
PATHOLOGY IN ONTARIO**

The Honourable Stephen Goudge,
Commissioner

180 Dundas Street West, 22nd Floor
Toronto, Ontario M5G 1Z8

Tel: 416 212-6878
1 866 493-4544
Fax: 416 212-6879
Website: www.goudgeinquiry.ca

**COMMISSION D'ENQUÊTE
SUR LA MÉDECINE LÉGALE
PÉDIATRIQUE EN ONTARIO**

L'honorable Stephen Goudge,
Commissaire

180, rue Dundas Ouest, 22e étage
Toronto (Ontario) M5G 1Z8

Tél.: 416 212-6878
1 866 493-4544
Téléc : 416 212-6879
Site Web: www.goudgeinquiry.ca

INTERVIEW SUMMARY
DR. M. J. PHILLIPS

(Prepared: December 11, 2007)

Background

Dr. Phillips was born in England. At the age of 16 he immigrated to Canada. He obtained his medical degree from McGill University in 1956. Between 1956 and 1961, he completed his internship and residency at Henry Ford, McGill and Harvard University Hospitals. Between 1962 and 1967, he completed research training on experimental models of the liver at the Banting Institute, University of Toronto.

Dr. Phillips is a fellow of the College of American Pathologists, the Royal College of Physicians and Surgeons of Canada, and the Royal College of Pathology of England. His speciality is anatomical and clinical pathology.

Between 1967 and 1969, Dr. Phillips was employed as a surgical pathologist at the Royal Victoria Hospital in Montreal. In 1969, he accepted a position as a senior staff pathologist at the Toronto General Hospital.

In 1979, he accepted the position of Pathologist in Chief for the Hospital for Sick Children ("HSC"). Dr. Phillips held this position until 1994 and remained on the active medical staff as a Staff Pathologist until his retirement in 1996.

Following Dr. Phillips' retirement in 1996, he maintained an office at HSC and an office at Toronto General Hospital, and acted as a consultant to the Pathology Division at HSC from 1996-2002.

In 2002, as a result of Dr. Becker's illness, Dr. Phillips assumed the post of Acting Head of the Division of Pathology. He then assumed the position of Acting Chief of the Department of Pediatric Laboratory Medicine from 2003-2005.

HSC Pathology Department / Division

When Dr. Phillips joined HSC in 1979, the Pathology Department at HSC, in his view, was the best in Toronto. The Pathology Department had very good space, equipment, support staff and technologists. There were three senior pathologists on staff. Dr. Becker (a neuro-pathologist), Dr. Mancer (a surgical-pathologist) and Dr. Cutz (a general pathologist).

Shortly after arriving, Dr. Phillips requested that four new pathologist positions be created at HSC. He wanted to have an exceptional academic program in the Pathology Department. He wanted the department to be conducting more scientific research in order to advance the department's collective knowledge of childhood diseases. Dr. Phillips also wanted additional staff due to the fact that the pathologists were very busy. The department did not have sufficient staff to complete the department's workload, which is highly specialized.

Shortly after arriving at the hospital, Dr. Phillips recruited four new people. These individuals had just completed the residency training program in Pathology at the University of Toronto:

1) Dr. Baumal, a gold medalist, MD-PhD, with training in immuno-pathology;

2) Dr. Paul Thorner, a gold medalist in Medicine;

3) Dr. Gregory Wilson, a cardiac pathologist and Rhodes scholar; and

4) Dr. Smith, who had completed a year of research with Dr. Philips and whom Dr. Phillips considered to be well-trained, enthusiastic, promising and well-liked. He was hired in or about July 1981.

After Dr. Phillips recruited the four new pathologists, there were eight pathologists, including Dr. Phillips, in the department.

The pathology department was a small Hospital department, but the department was expected to be knowledgeable concerning a large number of diseases. Within the department, the workload was delegated into sub-specialities, such as renal pathology and liver pathology, for example.

There were two main divisions in the department: autopsy and surgical pathology. Dr. Mancer was primarily a surgical pathologist with a focus on cancer diagnosis, whereas Dr. Cutz was primarily an autopsy pathologist. Dr. Becker performed both surgical and autopsy brain pathology, because he was a neuro-pathologist.

Due to the fact that HSC has numerous specialties in paediatric medicine in almost every department of the Hospital, the pathology department's knowledge needed to match the specialties within the Hospital. Paediatric forensic pathology was also an area of knowledge, as the pathologists had been conducting autopsies under Coroner's warrants for some time.

Among the newer pathologists that Dr. Phillips recruited, Dr. Baumal performed autopsies and renal pathology (a subset of surgical pathology). Dr. Baumal did all kidney biopsies and also conducted additional research. Dr. Baumal conducted hospital autopsies, but not medico-legal autopsies.

Dr. Thorner was a PhD student under Dr. Baumal. He was primarily interested in surgical pathology, especially cancer diagnosis.

Dr. Wilson was a cardiac pathologist. Prior to being recruited to HSC, he had been running the Department of Experimental Surgery Program at the Banting Institute, as well as being engaged in cardiac pathology research, which he continued to conduct at HSC.. Dr. Wilson also conducted some hospital and medico-legal autopsies.

Dr. Smith performed hospital and medico-legal autopsies and surgical pathology. He trained with Drs. Becker, Mancer and Cutz, three very experienced medico-legal paediatric forensic pathologists. Dr. Phillips recalls that Dr Smith was enthusiastic about Pediatric Forensic Pathology.

Paediatric Forensic Pathology

Pediatric pathology is very different from adult pathology. Children are not just small adults; they have their own diseases. As the child grows, the manifestation of disease changes and paediatric pathologists understand these changes, in the context of the developmental challenges to interpreting pathology when it is associated with human growth. Even if one were trained in adult pathology, one would still need training in pediatric pathology.

The practice of pediatric forensic pathology has been conducted at HSC since the 1950s.

Drs. Becker, Mancer and Cutz all had some experience in forensic paediatric pathology. Dr. Phillips does not know if Drs. Becker, Mancer and Cutz had forensic training beyond their on-the-job experience. Special training in forensic pathology was not available in Canada at the time. In addition to forensic work, they all conducted surgical pathology and hospital autopsies. The work that they did for the Coroner's office was completely separate from their hospital responsibilities.

Medico-legal autopsies were conducted pursuant to a contract between the pathologist and the coroner. If the coroner thought that the case needed a post-mortem examination, he or she contacted the pathologist directly. The pathologist was subsequently paid by the Coroner's office and this was separate from their hospital work. This was essentially "moonlighting" but sanctioned by the hospital. The hospital recognized the value in having this work done at the hospital, as many of the cases involved HSC patients who had died.

Dr. Phillips did not conduct autopsies pursuant to coroner's warrants when he first began working at HSC. After a while, he decided that he should understand the process better and started to conduct medico-legal autopsies. He wanted to

understand the mechanics of the coroner's autopsies and the issues regarding these autopsies, such as the transportation of bodies, and the special forms used, etc. After a short exposure, he stopped doing coroner's autopsies, since it was not consistent with his interests.

Most paediatric forensic autopsies were completed at HSC, although some were completed at the OCCO on occasion. In order to be permitted to perform coroner's autopsies, the OCCO had to approve the pathologist.

It is important that a pediatric forensic pathologist has a paediatric pathology background. About 95% of child deaths result from natural causes, accident or undetermined causes. Some diseases look completely different in children than in adults, and even look different in children of different ages. A forensic pathologist might not be aware of this.

Pediatric pathology is a very detailed discipline and it can take hours to perform procedures on a child that would take much less time on an adult. In the 1990s, it generally took two hours to conduct a pediatric autopsy. It now takes four hours to conduct the same autopsy.

Impact of Susan Nelles case

The Susan Nelles case had a significant impact at HSC. The Nelles matter lasted approximately four years. The Report authored by the Hon. Charles Dubin included more than 100 recommendations for the hospital, some of which applied to the pathology department. Dr. Phillips ensured that all of the recommendations in the Dubin report that pertained to the pathology department were addressed. It took months to implement these changes, which included for example, mandatory interdisciplinary death reviews throughout the Hospital.

Case Assignment

The pathology department had an "on call list". When a coroner's case came up, the Coroner's office called the pathologist on call for the coroner's autopsies that week. The pathologists' assistants kept a list of the coroner's cases. Dr. Perrin, the senior pathologists' assistant, kept a list of every case and to whom it was assigned. Dr. Perrin was very organized and he assisted with many of the coroner's cases.

Establishment of the OPFPU

The OPFPU was established primarily for academic purposes. Dr. Phillips wanted the OPFPU to be a centre where people could come and train. When the OPFPU was established, Dr. Phillips thought there would be research associated with the unit, as Dr. Phillips believed that there was very little new progress in pediatric forensic pathology at the time. There were not many people interested in doing this work. Dr. Phillips thought that the OPFPU could start reviewing groups of cases for research purposes. In the first year, the OPFPU started out along these lines.

The main focus of the Pathology Department at HSC, and the autopsy program in particular, was not forensic, but Dr. Phillips wanted to try and formalize HSC's arrangement with the Coroner's office. He was interested in changing the ad hoc arrangement with the Coroner's office. He wanted improved organizational structure improvement in communication and in reporting of cases, as well as better training and more sharing of expertise.

Dr. Smith assisted Dr. Phillips with preparing the proposal for the OPFPU. Dr. Phillips initially conceived the idea of the OPFPU, but Dr. Smith carried the idea forward. There was a lot of discussion with Drs. Young and Bennett regarding the creation of the OPFPU. Dr. Phillips had become well acquainted with Dr. Young during the Nelles case. Dr. Phillips had a great trust in Dr. Young and a confidence developed between the two of them. Dr. Phillips felt that he could pick up the phone and talk with Dr. Young at any time.

Operation of the OPFPU

Effectually, the OCCO ran the OPFPU. Dr. Phillips viewed Dr. Smith as acting as the OCCO's agent and the acting head of the Unit, even prior to his appointment as the Director. Dr. Smith was in frequent contact with the OCCO, which set the ground rules for the OPFPU. They allowed HSC to review some of the paediatric forensic cases at HSC Pathology rounds, which provided a mechanism for peer review of the results..

Over time, the department received approval to discuss more medico-legal cases at rounds. Criminally suspicious and homicide cases were still excluded from Departmental review.

The timely completion of post-mortem examination reports was a problem. Dr. Phillips' administrative responsibilities included many attempts to improve the turn around time of cases.

Dr. Smith drafted annual reports for the OPFPU, which were sent to the Ministry of the Solicitor General, via Dr. Young. While Dr. Phillips was the head of the Department, he reviewed the reporting letters before they were sent.

Director of the OPFPU

After the creation of the unit, the basic structure between the hospital and the OCCO did not change much. Originally, Dr. Phillips thought he would be the director of the new unit, and he did take on this role at first, as he was responsible for all aspects of the practice of pathology with the department. It would not be correct to say that forensic pathology was an interest of Dr. Phillips; however, he felt that he was responsible for the practice of forensic pathology within his department and he wanted to ensure that paediatric forensic pathology was performed at a high level of quality. Prior to establishing the OPFPU, Dr. Smith was asked to be the lead person on forensic issues

within the department.[1] Dr. Smith had a special interest in forensic work, but he also did a variety of other work as well. During the first 10 years that Dr. Smith was at the HSC, he did more and more forensic autopsies.

Dr. Smith became more and more involved with Coroner's work over time. Dr. Smith attended meetings at the Coroner's office, which Dr. Phillips did not attend. Dr. Phillips was aware that Dr. Smith sat on committees at the OCCO that Dr. Phillips was not a party to. Dr. Phillips had the impression that the people at the OCCO had confidence in Dr. Smith and respected him very much. Dr. Young informed Dr. Phillips that he thought that Dr. Smith would be a good director for the OPFPU.

Over time, Dr. Smith became more and more involved in the coroner's office in meetings. The OCCO set up committees, and they were reviewing cases from elsewhere. Dr. Phillips did not have any direct knowledge of what took place at the Coroner's office.

Dr. Smith was drawn more and more into the coroner's network. Dr. Smith would be gone for days and was becoming more and more involved with coroner's cases, including court appearances. Dr. Smith was always available at HSC, for his regular workload schedule of non-coroners' cases. He was on the schedule for hospital autopsies and surgical pathology. He did not do as much surgical pathology as some of the other doctors, but he was very busy. Dr. Smith continued to have a presence at HSC, but it was noticeable that he was doing more and more coroners' work.

When Dr. Smith became the Director of the OPFPU, there were other pathologists at HSC who were senior to him. There was some tension in the department related to pathologists reporting to someone who was their junior. A letter written by Dr. Young to Dr. Phillips, dated May 20, 1993, related to that issue.[2] As Director, Dr. Smith was reviewing the Coroner's post-mortem examination reports prepared by his colleagues. This led to a situation where Dr. Smith was reviewing the work of pathologists who were more senior to him. The Coroner's office would not accept any report from HSC unless Dr. Smith signed off on the report. As Director of the OPFPU, Dr. Smith also had responsibility for monitoring turnaround time of OPFPU autopsy reports.

Funding

Originally, Dr. Phillips' intended that the OPFPU funding would be used to permit more presentations at meetings and perhaps cover the costs of some technical services. It was not intended that the money would go to the general administration of the hospital or to salaries. The OPFPU was essentially not a physical unit but more of a grouping of individuals with common interests in Paediatric Forensic Pathology within the Department, who performed work for, and in conjunction with, the OCCO.

[1] Letter from Dr. Phillips to Dr. Smith, March 26, 1990, PFP113643.

[2] Letter from Dr. Young to Dr. Phillips, May 20, 1993, PFP044012.

Dr. Phillips did not foresee the establishment of a physical unit, just a unit on paper. Dr. Phillips recalls that in the first couple of years he was responsible for the money received from the Solicitor General's office, and that he had to do an accounting to the General Solicitor's office.

Between 1991 and 1994, while Dr. Phillips was still the Pathologist-in-Chief, Dr. Phillips consulted with Dr. Smith regarding the administration of the funds from the Solicitor General's office. Dr. Smith also kept Dr. Phillips apprised to some extent with respect to his work for the Coroner's office. Funds from the Solicitor General's office were paying for Dr. Smith's salary. This was not the way Dr. Phillips had originally intended the funding to be used. Of the $200,000, it is Dr. Phillips recollection that about $125,000 was set-aside for Dr. Smith's salary in the early years of the OPFPU.

These funds were supposed to cover some of the hospital expenses incurred by conducting autopsies, to employ a fellow to conduct research, and to send Dr. Smith or another delegate to forensic meetings. The costs incurred by the hospital included some secretarial support.

Dr. Phillips was initially responsible for the administration of the unit. The OPFPU was performing under the auspices of the hospital and received what it needed from the hospital's general budget for expenses not covered by the OPFPU funding, such as laboratory technicians, diagnostic imaging, consultations, etc.

Peer Review

Peer review is the best way to confirm a physician's work. The department held pathology rounds. Often the presenting pathologist invited senior clinicians to participate in the rounds, such as members from the Hospital's Critical Care Unit or from the Neonatology department. The clinicians had special knowledge and it was of assistance to get the clinician's viewpoint as to the medical conditions present at the time of death.

At clinical weekly rounds, cases from the previous week are reviewed. There are also other specialty rounds that take place within HSC. The paediatric pathologists at HSC attend these rounds, but the forensic pathologists from the OCCO did not.

Coroner's cases were only discussed at the pathology rounds if the Coroner's office provided consent. Autopsies in criminally suspicious cases were performed literally "behind closed doors": the door would be locked and other pathologists were not allowed in the room. These cases were not discussed at the pathology rounds. The coroner would decide whether or not the case was deemed criminally suspicious. In Dr. Phillips' experience with the OPFPU, the OCCO did not provide consent to discuss criminally suspicious cases at HSC pathology rounds. In addition to pathology rounds, there were pathology staff meetings every month. There were also department meetings.

With respect to the process by which the department would seek permission from the OCCO to discuss non-criminally suspicious cases, Dr. Phillips believes that the

pathologist would prepare a preliminary report that would be provided to the Coroner's office in support of the request to discuss the case. Dr. Phillips did not recall anything further regarding the specifics by which requests were made or the criteria that applied to such requests.

Post Mortem Reports

Dr. Phillips put an organizational system in place with respect to the turnaround time for post mortem examination reports. Delay in turnaround time for post mortem examination reports had always been a significant issue for the department due to the high volume of cases that were referred for autopsy.

It used to be that three-quarters of all paediatric deaths would come to the pathology department for autopsy. In later years, only 30% of cases required autopsy. This was due largely to better technology in the form of alternative investigation tools (i.e. CAT scans). The advent of better technology allowed one to obtain information from other sources, which lessened the need for autopsy.

Dr. Phillips initiated new rules on the turn-around time for post mortem examination reports. He received a list of the cases every month showing turn around times, organized by the type of case, including medico-legal cases. Dr. Phillips focussed on the hospital cases. He did believe, however, that it was part of his responsibility to ensure that the post mortem examination reports for coroner's cases were prepared in a timely fashion. Occasionally, the Coroner's office called him if they had a concern about delayed reports.

There was concern about delay in turn around times. Dr. Smith may have been worse than others with respect to the delay of completing post mortem examination reports, but he was not alone in this regard. Dr. Phillips was not certain why Dr. Smith had more difficulty with delay than the other pathologists. Part of it may have been work ethic or workload, but some of it was caused by delays in obtaining results from other departments (i.e. toxicology, neuropathology). Some delays were caused by waiting for brain sections (the brain needs fixation for a month prior to being ready to have tissue cut), and by the time required to obtain toxicology test results, which were done at the Coroner's building, and which could take many months.

Dr. Phillips was aware that there were concerns about Dr. Smith completing his reports in a timely manner. Dr. Phillips received calls about Dr. Smith's delayed medico-legal post mortem reports. He received more calls of this nature about Dr. Smith than about other pathologists, but there was no doubt that Dr. Smith's forensic pathology workload was heavy.

When he arrived at HSC, Dr. Phillips' view was that surgical reports should be completed within one week and autopsy reports should be completed within one month. Dr. Phillips was advised that these timelines were not possible due to various tests and procedures that had to be performed. Dr. Smith was not the only pathologist who had difficulty completing reports in a timely manner, but Dr. Smith had the most difficulty with

turnaround time of reports. Dr. Phillips spoke to Dr. Smith about the timeliness of his reports on many occasions. Dr. Smith's responses included the fact that he was busy, he had many cases, and he was waiting on test results.

During Dr. Phillips' tenure as Pathologist in Chief, no one raised any concerns to him about the quality of Dr. Smith's surgical pathology findings.

Storage Facilities and Case Tracking

It was not uncommon for a pathologist to keep files and slides in his or her office while reviewing them. Tissue samples were generally kept within the pathology department in an area called the Formalin Pit. In Dr. Phillips' experience, it is unusual for a pathologist to retain tissue samples pursuant to an autopsy on a coroner's warrant, after the post mortem examination report was completed, aside from tissues for fixation and sectioning. The working rule was the slides, blocks and other materials would be returned to the sender when completed. With respect to information and materials sent to pathologists, there was a standard procedure in place for recording pathology materials sent into the Department pursuant to requests for independent consultations, although Dr. Phillips cannot recall having any written rules that required this. The system has now changed and currently, there is a different designation to identify material referred in for consultations.

Pathologists would not normally keep tissue blocks in their offices, but they would keep some blocks that were sent by other hospitals. The usual practice would be to return these blocks to the hospital that sent them. Dr. Phillips cannot recall if there was a written departmental policy on this during the early years of his tenure as Department Chief. Generally, HSC tissue blocks were kept in the histology lab and filed by numbers. The pathologists would receive the slides. The slides were usually kept in the lab but a pathologist may keep some slides on his or her desk if the pathologist wanted to show them on rounds, or for some other specific reason.

It would be unusual for a pathologist to keep wet tissue in his or her office. There was a general understanding at HSC on the storage of wet tissue, which conforms to the current departmental guidelines on the retention of pathology samples (OPA1050/01).

It would not be common for a pathologist to keep x-rays in his or her office. In his own practice, Dr. Phillips viewed x-rays in the radiology department. Dr. Phillips was not aware if Dr. Smith had a view box to look at x-rays in his office

Administrative Support at HSC

Dr. Phillips believes there were always issues at HSC regarding adequate administrative support. There were never enough secretaries. Dr. Phillips does not recall having any discussion with Dr. Smith about this issue. The issue of adequate secretarial support is an ongoing issue.

Impressions re Dr. Smith

Dr. Phillips recalls that Dr. Smith was involved in teaching. Dr. Smith taught a pathology course for dentistry students for a number of years. Dr. Smith won awards for his teaching.

Dr. Smith conducted clinical research by completing the pathology components of research for clinicians in the hospital. This research was not classified as primary research for Dr. Smith. Dr. Smith did not conduct grant research.

As time went on, Dr. Smith took on more and more difficult or contentious coroner's cases. Dr. Smith had a particular interest in criminally suspicious cases.

Dr. Phillips impression was that the coroners liked Dr. Smith, counsel liked him, the judges liked him and Dr. Smith was becoming more and more interested in paediatric forensic pathology. Dr. Phillips encouraged Dr. Smith to write a book.

Dr. Smith's Office

Dr. Smith's office was very messy. Cases that were not signed out were on his desk, but under other things. Dr. Smith's desk looked very disorganised, but if you spoke to him he was not disorganised, and he appeared to know what stage everything was at.

Dr. Phillips spoke to Dr. Smith about his office many times. This occurred both after walking by Dr. Smith's office and noticing it was messy, and after looking for something in Dr. Smith's office. Dr. Phillips did not have any recollection of Dr. Smith not being able to find something that Dr. Phillips had requested.

Dr. Phillips was aware that Maxine Johnson and Dr. Perrin cleaned up Dr. Smith's office on a few occasions. Dr. Phillips cannot recall if he had asked them to do this.

Individual Cases

Dr. Phillips does not recall any discussion within the pathology department about a case from Timmins involving Dr. Smith.

Dr. Phillips recalls hearing about a case where a hair went missing, but he believes that he heard about this case long after the case occurred. He did discuss this issue with Dr. Smith, but he cannot recall the details of the discussion.

Dr. Smith's Media Coverage

Dr. Phillips recalls some unfavourable media coverage regarding Dr. Smith. Dr. Phillips was surprised to learn that Dr. Smith had made mistakes in Coroner's cases, because this was Dr. Smith's area of interest. From what Dr. Phillips knew of Dr. Smith, he did not expect these mistakes.

Dr. Phillips did not see the CBC Fifth Estate program on Dr. Smith. Dr. Phillips did not recall any discussion at the hospital about the Fifth Estate program. He cannot recall the details of any conversation he may have had with Dr. Smith about this media coverage.

Concerns Regarding Dr. Smith

Dr. Phillips was concerned about Dr. Smith's late reporting and he was concerned about Dr. Smith's office being messy. He had always thought, however, that Dr. Smith was competent. Dr Phillips received letters concerning tardiness of reports but none that suggested Dr Smith was incompetent. Rather, Dr. Phillips received correspondence from Dr. Young that praised Dr. Smith. At this time (the early years of the Unit while Dr. Phillips was Chief of the Department), Dr. Phillips thought Dr. Smith was doing well, and it appeared the Chief Coroner also thought that Dr. Smith was doing well.

Dr. Phillips did not have any concerns about Dr. Smith's presentations during rounds. His competence was clearly evident at rounds. Dr. Phillips does not recall any doctors at HSC raising any issues regarding Dr. Smith's competence in either surgical pathology or autopsy practice.

Dr. Phillips' understanding was that the fellow placed with the OPFPU (Dr. Denic) also thought the work of the OPFPU was excellent. There were no concerns expressed by Dr. Denic to Dr. Phillips.

Dr. Phillips does not remember if he spoke to Dr. Smith about the decision to stop conducting criminally suspicious autopsies, or about Dr. Smith stepping down as head of the OPFPU.

Reluctance to Perform Criminally Suspicious and Homicide Cases

At one time, Dr. Phillips believed that all criminally suspicious cases should be conducted at the OCCO. Dr. Phillips tried to discourage HSC pathologists from performing criminally suspicious and homicide cases at HSC. Dr. Phillips did not think it was a good idea to have the police attending at HSC. He also did not like having autopsies performed at HSC where the door had to be locked. Even though he was the head of the department, Dr. Phillips was not allowed in the room during criminally suspicious autopsies. These cases could not be discussed within the hospital. Further, there was no medical component to the work, and as such, there was no teaching material arising from these cases.

HSC was an academic institution, but criminally suspicious cases were handled to accommodate the OCCO. HSC was interested in supplying a service to the community by conducting medico-legal autopsies. The facilities at HSC were better than the facilities at the OCCO. The pathologists at HSC also had a special knowledge. The HSC pathologists preferred to conduct the autopsies at HSC because of the superior facilities. The pathologist's assistants at HSC were skilled and the radiology resources available were very good.

Dr. Phillips does not think it would be a good idea to have all medico-legal paediatric autopsies conducted at the OCCO by the OCCO pathologists. He believes that paediatric pathology is sufficiently different from adult pathology that the pathologist conducting medico-legal autopsies needs to have some special knowledge in paediatric pathology. One solution would be to have paediatric pathologists attend at the OCCO to conduct criminally suspicious autopsies, or alternatively, to have forensic pathologists from the OCCO work jointly with HSC paediatric pathologists at HSC.

Recommendations

From 2007 forwards, Dr. Phillips believes that pathologists performing criminally suspicious autopsies should be board certified in paediatric pathology and forensic pathology. They should have completed specialty exams, such as those used by the American Board of Pathology. Currently, the Royal College pathology exams include forensic pathology, but there should be further training. Currently, there is no paediatric forensic pathology exam in Canada and the American Board no longer recognizes Canadian post graduate programs (i.e. Canadians are not allowed to take it).

Dr. Phillips believes there should be more interaction between the OPFPU paediatric pathologists at HSC, the forensic pathologists at the OCCO and the rest of the pathology department, including some form of regular peer review.

In criminally suspicious cases, at least two pathologists should provide opinions. Pathologists should also obtain consultation opinions of other pathologists with expertise in specialty areas of pathology. The consultations should be in writing. When physicians have contentious findings in live patients they seek a second opinion. Often they seek several opinions and obtain written reports. This is common practice. In these cases, there is a lot of peer review and external review.

Another important matter is that the pathologist responsible for the coroner's case should be informed of all medical and other details of the case history before starting the autopsy, as is the case in clinical medical cases. This is done to avoid misdiagnosis. For example, a doctor does not want to conclude something is malignant and find out later that another physician thinks it is not malignant. Dr. Phillips believes this same practice should be implemented in paediatric forensic pathology.