

## LIFE INSURANCE POLICY: IS IT AN INDICATION FOR INQUEST?

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### INTRODUCTION

According to the Code of Criminal Procedure act, an inquest is done to find out the cause and circumstances of death in cases of suicide, deaths caused by animal, machinery or an accident, sudden death or when the cause is not known, and deaths in custody, etc... Sometimes medico-legal autopsy is needed for the further confirmation of the cause of death. However author experiences medico-legal investigation with ancillary investigations is an essential part in some instances, including claiming insurance which is not an indication in death investigation in current practise<sup>1</sup>. This case report highlights the importance of an inquest and medico-legal autopsy to fulfill the area which needs the relatives of the deceased in claiming the life insurance and it would become a great benefit for both parties, the client and the insurance company.

### Case Report

Apparently healthy young male of 22 years, a 2<sup>nd</sup> year student in a technical college suddenly developed shortness of breath following his lunch and then he lost his consciousness. Immediately he was taken to the hospital. Resuscitation was unsuccessful and probable cause of death was given as ischemic heart disease according to the electrocardiogram findings by the attending medical officer at the outpatient department and an inquest was requested. Inquirer into sudden death (ISD) requested for a medico-legal autopsy in further confirmation of cause of death. He did not have any history of asthma, cardiac diseases or any allergies in his past medical history. He did not have a family history of unexplained deaths. However he was a smoker, 10-20 cigarettes daily for about 2-3 years and consumed alcohol occasionally. In general examination, deceased was moderately obese and height was 160cm. Even after subcutaneous and muscular-skeletal dissections, no injuries were detected. Internal examination, heart was 225g and showed proximal 1/3 of the right coronary artery was 75% narrowed, eccentrically with atherosclerosis and mild to moderate atherosclerosis was seen in left coronary artery. Myocardium, endocardium and

valves were normal. In the stomach, partially digested food was present and there was no smell of alcohol or poison. Other system examinations were macroscopically normal. Histological examination was normal including the myocardium and only mild pulmonary oedema was seen. Toxicology including alcohol and microbiological investigations were normal. Finally the cause of death was given as coronary artery disease. The verdict was given as natural circumstances by the ISD.

As known later the deceased had a life insurance policy which was only 3 months duration and insurance company refused to release the full payment as the issues raised whether the relatives knew that the deceased was having a heart disease beforehand. Then the next of kin went to district courts to get the payment and there the issues were raised, whether the circumstances of death was natural or known previously. Also insurance company needed to know whether violence and poisons were excluded as other possible causes of death.

As the medico-legal autopsy with histology and laboratory investigations had been performed to confirm the cause of death and to exclude other possible causes, medico-legal evidence was strong enough to confirm that a previously healthy young man can have an unexpected death due to 75% narrowing of coronary vessels and parents of the deceased were able to claim for the insurance.

### DISCUSSION

Generally an inquest is performed for all sudden deaths. If suspicions are not raised during the inquest regarding the probable cause of death, ISD may not request for an autopsy. When the relatives of the deceased try to claim for the life insurance, controversial issues regarding the cause of death may be raised and there the clinical diagnosis may be challenged if it is not confirmed by a medico-legal autopsy<sup>2,3</sup>. Even if the post-mortem examination confirms the cause of death, as in above case, issues may be raised regarding intoxication where the laboratory investigations will help the final decision regarding the cause of

death. Even though in the present Criminal Court Procedure, insurance issues are not a pre requisite for performing an inquest with subsequent autopsy, it is very important to conduct an autopsy with ancillary investigations including histological and toxicological investigations which are really helpful in giving a complete cause of death. This will help in solving issues raised by the insurance companies. It also plays a vital role in excluding other causes of death in a case like above, where the death due to coronary artery disease is rare, but identified cause in a young male of 22 years<sup>4, 7, 9, 10, 11</sup>. However it is disclosed that a person with 75% occluded coronary vessels, specially eccentric narrowing may remain asymptomatic and at the same time it can lead in to a sudden death<sup>5, 6, 8, 11</sup>. In a sudden death of an individual with a life insurance policy, it is worth to conduct an inquest and medico-legal autopsy as it is impossible to challenge the cause of death by the insurance company against such scientific evidence. On the other hand it will prevent insurance companies from paying unnecessary claims.

## CONCLUSION

This case highlights the importance of an inquest, medico-legal autopsy and medical opinion in cases of life insurance claims, which benefits both parties.

## SUGGESTION

We suggest that inquest should be requested in cases of death of a person having a life insurance policy. Amendments to criminal code procedure can be considered with further case analysis.

## REFERENCES

1. Code of Criminal Procedure Act, No. 15 of 1979(Sri Lanka)
2. Kircher, Tobia, Judith Nelson, and Harold Burdo. "The Autopsy As a Measure of Accuracy of the Death Certificate." *New England Journal of Medicine* 310, no. 20 (1985):1263–1269.
3. Hanzlick Randy, and H. Gib Parrish. "The Failure of Death Certificates to Record the Performance of Autopsies." *Journal of the American Medical Association* 269, no. 1 (1993):47
4. Johnson WD, Srong JP, Oalman MC, Newman III WP, Tracy RE, Rock Jr.WA. Sudden death from coronary heart disease in young men. *Arch PatholLab Med* 1981; 105:227-32.
5. Kannel WB, Cupples LA, D'Agostino RB. Sudden death risk in overt coronary heart disease: the Framingham Study. *Am Heart J* 1987; 113:799-804.
6. Virmani R, Burke AP, Farb A. Sudden cardiac death. *Cardiovas Pathol*2001; 10:211-18.
7. Luqman M, Sattar A, Abbasi S, Satti TM. Pattern of sudden deaths in armed forces personnel - posmortem study. *Pak Armed Forces Med J*1995; 45:66-71
8. Crawford T, Dexter D, Teare RD. Coronary artery pathology in sudden death from myocardial ischaemia. *Lancet* 1961; 1:181-5.
9. Henriques de Gouveia R, van der Wal AC, van der Loos CM, Becker AE.Sudden unexpected death in young adults. Discrepancies between initiationof acute plaque complications and the onset of acute coronary death. *EurHeart J* 2002; 23:1433-40.
10. Vincent JM Di Maio, Suznna E. Dana. *Handbook of Forensic Pathology*. 1<sup>st</sup> ed, New Delhi: Viva Book Private Limited; 1999. p. 36-37.
11. Mason JK. *Forensic Medicine for Lawyers*.4<sup>th</sup> ed, London: Butterworths; 2001. p. 101

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