

NIJAC

*Northern Ireland Judicial
Appointments Commission*

Coroner

2015

Written Case Study

Applicant Booklet – Part A

Written Case Study

60 minutes

The written exercise is designed to assess the following elements of the Personal Profile:

Intellectual Capacity, Knowledge and Expertise:

- Legal expertise and the ability to deal with complex problems;
- An ability to quickly absorb and analyse information and extract relevant facts in accordance with the applicable rules of evidence and procedure.

Communication Skills

- An ability to express and succinctly explain matters of procedure and judgment;
- An ability to produce timely, clear and reasoned written and oral decisions.

Applicant Guidance

There are **two** questions to be answered.

The answer to **Question 1** will be based upon the Background Information over page.

After forty minutes some additional information will be provided to you which may assist you in answering **Question 2**.

You will have **60 minutes** in total to complete your two written answers.

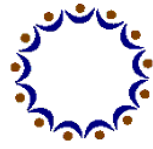
Background Information

You have received a file relating to the death of William Southwell aged 50, a married man who was estranged from his wife and family and who lived alone in a second floor bedsit in a hostel for homeless men. He was apparently found lying at the foot of the hostel stairwell in the early hours of the morning. At hospital he was pronounced dead. At autopsy it was found that he had linear cuts and bruising to his head, some bruising to his face and bruising and cuts to the backs of his hands. Alcohol and prescription drugs were found in his blood. Photographs of the autopsy were taken and his brain has been preserved. The pathologist concluded that the cause of death was a brain haemorrhage. William was known to drink to excess and had had some involvement with the police.

The only member of his family who had any contact with William was his adult daughter Mary who tried to visit him every few weeks. On recent visits he had complained of sporadic headaches for which he said he had visited his doctor. She is expressing concern as to what led to his death but says that the GP will not discuss her father's medical history, citing patient confidentiality and the Police think it was an accident.

Your task as Coroner is to decide how to approach the case

Question 1: Do any aspects of the case so far cause you concern? Would any further information or documentation assist your consideration of how to proceed? If so, what?



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The Additional Information for Question 2

Following your initial enquiries you have learned that William was a long - term abuser of alcohol which was the reason for his family estrangement. In recent years he also took amphetamine tablets which he both obtained on prescription and supplemented by street purchases. As a result he had some previous convictions for possession of drugs, for being drunk and disorderly and for minor assaults due to fighting. He had been complaining of headaches for about a year and his GP had arranged a hospital appointment but he failed to attend and the hospital was so busy that it did not inform the GP of his omission or issue a second appointment and the GP did not follow the matter up. Mary is annoyed to find this out and “thinks that the public should know so that nothing like it will ever happen to anyone else.” At the same time her mother and siblings are reluctant to have the details of William’s difficult life exposed to public view.

The other residents of the hostel have not been very forthcoming and it seems that William was rather a solitary, friendless figure who could be difficult and angry if he felt slighted, especially when he had had drink and/or drugs when he had been known to be violent. Nobody could or would say anything about his movements that night. The level of alcohol in William’s blood was double the threshold for drink/driving. The amphetamine traces were at a therapeutic level. The pathologist is equivocal about a connection between the marks and the haemorrhage - he feels the linear wounds could have been caused by an object or by the edges of something like stairs in a fall and the bruising could also have been the result of falling although the marks on the hands might suggest defensive injuries. He cannot say whether the marks were received before or after the haemorrhage occurred. The staircase proves to be of uncarpeted concrete. The duty hostel warden on the night in question thought that he had heard some commotion coming from upstairs around 1 or 2 am but since that was not unusual he had neither noted it nor gone to investigate.

Question 2: Has any of this additional information assisted your investigation? Do you need any further information or evidence to decide whether anything other than natural causes contributed to William’s death? Would you hold an inquest? If so, what would you hope to achieve?