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Death Without Diagnosis: Autopsy Refusal and Avoidance, And the Erosion of Forensic Evidence in Uninvestigated Hospital Deaths in Nigeria

Olubukola Ogunlade,PhD[1*] Dorcas Thanni, PhD[2*]

1. Legal Department, University College Hospital, Ibadan, Nigeria.
2. Ajayi Crowther University, Oyo, Nigeria.

* E-mail of the corresponding author: thanniadesoladj@gmail.com

Abstract

The determination of cause of death is central to forensic science, medico-legal accountability, and the integrity of criminal justice systems. In many legal systems, deaths occurring shortly after hospital admission are reportable deaths requiring medico-legal investigation through autopsy. In Nigeria, this requirement frequently collapses in practice either due to autopsy refusal by relatives of deceased patients, motivated by cultural norms, religious beliefs, financial constraints, or autopsy avoidance where hospitals systematically fail to enforce autopsy requirements due to regulatory weakness, institutional risk aversion, and infrastructural constraints. Anchored in forensic epistemology and socio-legal pluralism, this article argues that autopsy refusal produces a systemic form of medico-legal uncertainty that erodes the evidentiary foundations of forensic death investigation. While legal positivism presumes compliance with statutory mandates on death investigation, the Nigerian context reveals a persistent disjunction between formal law and lived social practices. Using a doctrinal and comparative methodology, the article analyses Nigerian laws on death certification and medico-legal autopsy alongside coronial and forensic frameworks in the United Kingdom, South Africa, and India, where public interest-based autopsy regimes and state-funded forensic systems mitigate evidentiary loss despite cultural sensitivities. The article finds that routine autopsy refusal and avoidance undermines accountability for medical negligence, weakens criminal investigation, distorts mortality statistics, and compromises public health surveillance. It concludes by advancing a reform model grounded in public interest theory, proposing conditional mandatory autopsies, state-subsidized forensic services, culturally responsive consent mechanisms, and strengthened coronial oversight as necessary to preserve forensic evidence while respecting human dignity and cultural diversity.

Keywords: Autopsy Refusal, Autopsy Avoidance, Forensic Epistemology, Medico-Legal Accountability, Comparative Forensic Law

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1. Introduction

Death within the modern hospital occupies a peculiar medico-legal space[1]. Hospitals are institutions designed to preserve and protect lives. Their operations are governed by protocols, documentation systems and professional accountability structures. Consequently, when death occurs in such a setting, it is often presumed to be clinically explainable and most often than not, administratively resolved. The issuance of a medical certificate of cause of death brings closure to the matter on legal and social terms although this is not to say the institutional location of death does not guarantee diagnostic certainty.

Across jurisdictions, a significant proportion of hospital deaths—particularly those occurring within 24-72 hours of admission are not given due attention, procedurally, they are allowed to proceed without medico-legal autopsy. Some are certified as natural deaths on clinical grounds alone; others escape post-mortem examination on different grounds such as families evading formal consent or institutional avoidance of triggering investigative processes[2]. This practice produces a zone of unverified mortality deaths which though legally finalized, are

[1] Bismark M et al. 2006. Accountability Sought by Patients following Adverse Events from Medical Care: The New Zealand Experience. *CMAJ 175; 889-94.*
[2] Eze, U.O *et al*. 2010. Pattern of homicide coroners' autopsies at University College Hospital, Ibadan, Nigeria 1997 2006.

forensically unexamined. The medico-legal autopsy has historically served as a central instrument of forensic science and is legally truth-seeking[1]. From the development of pathological jurisprudence in nineteenth-century Europe to contemporary coroner and medical examiner systems, post-mortem examination has functioned as the definitive method for determining cause and manner of death[2]. Its significance extends beyond anatomic curiosity. In criminal justice, autopsies or post mortem examinations, depending on the extent of medico-legal findings distinguish natural deaths from accidents, homicide, iatrogenic harm, mysterious, suicide or violent deaths[3]. In civil litigation, it informs the determination of liability for example, in insurance disputes and professional disciplinary proceedings[4]. In public health, it enhances the accuracy of mortality statistics, identifies emerging disease patterns and detects preventable clinical errors. It is therefore correct to say it operates at the intersection of medicine, law, and governance. When it is absent, the integrity of each of these domains is usually affected[5].

The determination of Cause-of-death is not just a clerical or administrative formality, rather, it constitutes an epistemic foundation upon which legal responsibility and public policies are constructed. Clinical impressions, however conscientious, are susceptible to diagnostic error, incomplete history of patients who present in hospitals from time to time and cognitive biases. Gathered data from several empirical studies in forensic pathology have demonstrated discrepancies between ante-mortem diagnoses and autopsy findings, particularly in cases involving embolism, occult trauma, toxicological causes, concealed infection or procedural complications. In the absence of post-mortem verification, erroneous certification may remain permanently uncorrected and such inaccuracies can mask criminal conducts, medical malpractice/negligence, distort epidemiological data and undermine the evidentiary basis upon which courts can rely.

The medico-legal tension becomes especially pronounced in early hospital deaths. These include deaths that are frequently characterized by limited clinical observation, incomplete diagnostic workup, and compressed decision-making. They may result from advanced natural disease, delayed presentation, emergency mismanagement, unrecognized trauma, poisoning or previous assault. The temporal proximity between hospital admission and death often generates suspicion among relatives and in some cases, defensive postures amongst healthcare professionals within healthcare facilities.[6]

In some cases, early deaths are reflexively attributed to pre-existing pathology; in some others, they are viewed through a lens of presumed negligence or malpractice. Without systematic post-mortem investigation, these competing narratives remain unresolved. The absence of anatomical evidence does not eliminate doubt; rather, it shifts resolution from scientific verification to administrative closure.

This article situates these dynamics within what may be described as the Bulgarian paradox: the co-existence of legal frameworks that mandate or strongly authorize medico-legal autopsy in cases of sudden, unexplained, or suspicious deaths, alongside entrenched social and institutional practices of refusal and avoidance. In many jurisdictions, statutes governing coroners or medical examiners require investigation where death is unexpected, violent, or of uncertain cause[7]. On paper, the law reflects a clear normative commitment to forensic inquiry. In practice, however, autopsies may be circumvented through negotiated withholding of consent or withdrawal[8], broad interpretations of "natural causes," informal certification practice or institutional reluctance to escalate cases to investigative authorities[9]. Cultural and religious objections to bodily invasion[10], mistrust of state actors,

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Med Sci Law 51.1:43-48.

[1] Okechi, O.S. 2017. Culture, perception/belief about death and their implication to the awareness of the socio-economic, environmental and health factors surrounding lower life expectancy in Nigeria. *Acta Psychopathol* 5: 56.

[2] Bismark et al, (n 3)

[3]Eze, U.O *et al*. 2010. Pattern of homicide coroners' autopsies at University College Hospital, Ibadan, Nigeria 1997-2006. *Med Sci Law* 51.1:43-48.

[4] Shipman's inquiry. http://www.the-shipman-inquiry.org.uk/reports.asp. 8th August, 2009 (Shipman's Inquiry)

[5] https://pmc.ncbi.nlm.nih.gov.

[6] Professor J.O. Obafunwa at an unstructured interview in May, 2017 at the Lagos State University Teaching Hospital, Ikeja, (LASUTH), Lagos State (10:30AM)

[7] Section 27, Coroners' Law Cap C15, LLS, of Nigeria, 2015

[8] Griffith R. 2009. Legal Issues of Death. Care of the Dying and Deceased Patient [internet] Wiley- Blackwell; [cited 2018 August 17] 193-222. Available from https://0-online library-wiley-com.innopac.wits.ac.za/doi/abs/10.1002/9781444315271.ch10 [Cross ref.].

[9]Professor Oladapo Obafunwa, a former Chief Medical Examiner, in a 5hour unstructured interview at LASUTH, Ikeja,

financial constraints[1], resource limitations within forensic services[2] and administrative pressures within hospital settings[3], all contribute to declining autopsy rates. The resulting divergence between statutory mandate and what obtains in practice, creates a structural gap in medico-legal oversight.

The normalization of autopsy refusal in hospital settings has implications that extend beyond individual cases. First, it produces evidentiary erosion. Forensic pathology is inherently time-sensitive; once burial or cremation occurs without examination, critical evidence is irretrievably lost. Second, it generates doctrinal instability. Courts adjudicating wrongful deaths, medical negligence/ malpractice, or criminal cases must increasingly rely on forensic documentation and expert reconstruction in the absence of direct anatomical findings. This reliance may elevate the role of inference and presumption over physical proof.[4] Third, it undermines public health empirical data in terms of accuracy. Mortality statistics derived from unverified certifications risk misclassification, thereby affecting resource allocation, policy formulation and the identification of systemic clinical risks.

The central research problem addressed in this paper is therefore not simply whether families refuse autopsy, but how sustained patterns of autopsy avoidance successfully create and re-create medico-legal uncertainty in hospital deaths. The paper advances the argument that the erosion of routine medico-legal autopsy in early hospital deaths weakens forensic accountability[5], masks potential wrongdoing[6] and compromises the integrity of both legal and epidemiological truth[7]. It contends that autopsy should be conceptualized not solely as a medical procedure subject to private preference, but as a public function, integral to the administration of justice and the protection of collective public interests.

Methodologically, the study adopts a doctrinal and comparative approach. It analyzes statutory provisions, using the Coroners Systems Law Cap C15, Laws of Lagos State of Nigeria, 2015 in analyzing the coroners or medical examiner system in terms of mandatory reporting requirements, consent regimes, and investigative thresholds. Judicial decisions concerning disputed causes of death, allegations of negligence /malpractice and evidentiary sufficiency are examined to evaluate how courts respond when autopsy is absent. The comparative dimension considers selected common-law and mixed jurisdictions in order to assess the relevance of autopsies in determination of the cause of death and how this positively enhances justice delivery in differing legal systems. In addition, the paper engages forensic pathology literature to contextualize the empirical significance of diagnostic discrepancies and declining autopsy rates.

By contextualizing hospital deaths within contemporary medico-legal autopsy regimes, this paper further seeks to illuminate an under-examined site of evidentiary vulnerability. When death is certified without anatomical verification, the law may project certainty where science has not been consulted. In an era increasingly attentive to transparency, accountability and data integrity, the quiet contraction of the practice of medico-legal autopsy should be critically analyzed. The erosion of forensic evidence in uninvestigated hospital deaths is not merely a procedural anomaly; it is a structural challenge to the epistemic foundations of justice, public health, and professional responsibility.

2. Autopsy and Forensic Epistemology

Autopsy occupies a central place within forensic epistemology as a structured, scientific method for producing

Lagos State at 10:00am

[10] Adding S, Odimegwu C. 2011. Assessing Knowledge, Attitude and Practice of Vital Registration System in South-West Nigeria. Ife Psychol. 19:456-513

[1] ibid

[2] Nte D. 2011. "The Use and Ab-Use of Intelligence in a Transitional Democracy: Evidence from Nigeria". *International Journal of Human Sciences.* 8(1): 984-1018.

[3] Bundaberg Hospital Commission of Inquiry Review of Clinical services at Bundaberg Hospital, 2005 June July 2006, last date accessed Brisbane BHCI confidential review report. http://www.bhci.qld.gov.au

[4] ibid

[5] Shipman's inquiry. http://www.the-shipman-inquiry.org.uk/reports.asp. 8th August, 2009 (Shipman's Inquiry)

[6] ibid

[7] Eze U O et al, Pattern of Homicide Coroners' Autopsies at University College Hospital, Ibadan, Nigeria 1997-2006. *Med Sci Law 51*.1-124

authoritative knowledge about death.[1] It transforms the dead body into a site of inquiry, enabling the reconstruction of cause, manner, and sometimes the circumstances of death through systematic observation, dissection, and interpretation.[2] In legal contexts, the autopsy functions not merely as a medical procedure but as an epistemic bridge between medicine and law, converting biological findings into legally admissible facts.[3] Its authority derives from methodological rigor, professional expertise, and its perceived objectivity, which together position it as a primary mechanism for resolving uncertainty surrounding unexplained or suspicious deaths.[4] The evidentiary value of post mortem examinations is both probative and corroborative.[5] Autopsy findings can independently establish cause of death, reveal previously undetected pathologies or injuries, and either confirm or contradict clinical diagnoses made prior to death.[6] In criminal proceedings, such findings often underpin determinations of liability by clarifying whether death resulted from natural causes, negligence, or unlawful acts. Nigerian courts have historically attached significant weight to medical evidence, particularly where it is direct, consistent, and unchallenged, as seen in cases such as *Oforlete v State*[7] where expert testimony played a decisive role in establishing causation. Equally, the absence of autopsy evidence may weaken prosecutorial claims or create reasonable doubt, especially in homicide or medical negligence cases where causation is contested.[8]

However, the refusal or avoidance of autopsy introduces profound forensic uncertainty and widens epistemic gaps.[9] Without post mortem examination, determinations of cause of death rely heavily on clinical records, witness accounts, and circumstantial inference, all of which are susceptible to error, incompleteness, or bias.[10] This evidentiary deficit undermines the integrity of death investigation processes and may obscure instances of malpractice, criminality, or systemic failure.[11] From a human rights perspective, such gaps implicate the state's obligation to conduct effective investigations into deaths, particularly where there is a potential violation of the right to life.[12] The erosion of forensic evidence through autopsy avoidance therefore represents not only a scientific limitation but also a legal and ethical failure,[13] weakening accountability mechanisms and perpetuating uncertainty within both the justice system and public health governance.[14]

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[1] Taufik Suryadi and Kulsum, 'Forensic Autopsy is Reviewed from the Aspects of Ethics, Medicolegal and Humanities' (2020) 3(3) *Budapest International Research and Critics Institute Journal* 1769.

[2] Mariana Costache, Anca Mihaela Lazaroiu, Andreea Contolenco, Diana Costache, Simion George, Maria Sajina and Oana Maria Patrascu, 'Clinical or Postmortem? The Importance of the Autopsy: A Retrospective Study' (2014) 9(3) *Maedica: A Journal of Clinical Medicine* 261 https://www.maedica.ro/articles/2014/3/2014_Vol9(12)_No3_pg261-265.pdf accessed 30 March 2026.

[3] Adarsh Sugathan, Suresh Kumar Shetty and Pavanchand Shetty H, 'Assessment of Attitude and Knowledge of Law Students Towards Medico-Legal Autopsies' (2023) 16(4) *Indian Journal of Forensic Medicine and Pathology* 261, available at https://www.researchgate.net/publication/378480348_Assessment_of_Attitude_and_Knowledge_of_Law_Students_Towards_Medico-Legal_Autopsies accessed 3 April 2026.

[4] *Ibid*

[5] O P Aggarwal, Akash Deep Aggarwal and H Singh, 'Evidentiary Value of Post-Mortem Report: Non-Examination of Doctor is Suicidal for Prosecution' (2007) available at https://www.researchgate.net/publication/ available at https://www.researchgate.net accessed 3 April 2026.

[6] *Ibid*

[7] (2000) CLR 7 (p) (SC)

[8] Abdul Razzaq, Tansif Ur Rehman and Aliya Saeed, 'The Role of Forensic Evidence in Criminal Trials' (2025) 3(3) *The Critical Review of Social Sciences Studies* 3103, DOI: 10.59075/473xck71, available at https://www.researchgate.net accessed 3 April 2026.

[9] Lauren S Blum, Francis Karia, Elizabeth Francis Msoka-Bright and Matthew P Rubach, 'An In-Depth Examination of Reasons for Autopsy Acceptance and Refusal in Northern Tanzania' (2020) 103(4) *The American Journal of Tropical Medicine and Hygiene*, DOI: 10.4269/ajtmh.20-0029, available at https://www.researchgate.net/publication/343423769_An_In-Depth_Examination_of_Reasons_for_Autopsy_Acceptance_and_Refusal_in_Northern_Tanzania accessed 3 April 2026.

[10] *Ibid*

[11] *Ibid*

[12] Abubakar Muhammad Sunusi, Ummusalma Salisu Mohammed, Anamika Das and Gaurav Kumar Singh, 'Humanitarian Forensics: Advancing Justice, Accountability, and Human Rights' (2026) *Indian Journal of Medical Ethics* (published online 27 March 2026), DOI: 10.20529/IJME.2026.019, available at https://www.researchgate.net accessed 3 April 2026.

[13] *Ibid*

[14] *Ibid*

3. Socio Legal Pluralism and Cultural Resistance

This article is anchored on the theory of socio legal pluralism, which recognizes that law does not operate in isolation as a unified and authoritative system, but coexists with multiple normative orders that shape behaviour in practice.[1] In the context of hospital deaths and autopsy practices, formal legal rules governing death investigation often encounter resistance, reinterpretation, or outright displacement by cultural, religious, and economic norms.[2] This pluralistic interaction produces a gap between regulatory intent and social compliance, with significant consequences for forensic certainty and the administration of justice. Socio legal pluralism thus provides an analytical lens for understanding how autopsy refusal is not merely an individual choice but a socially embedded phenomenon, mediated by competing authorities and normative systems. This introduces the idea that legal provisions do not always translate to the changes and reforms anticipated. In other words, law in books do not necessarily translate to law in action. Formally enacted legal rules, including statutory provisions, coroner systems, and hospital protocols that mandate or regulate post mortem examinations do not always reflect proper interpretation and adequate negotiation of the reforms envisaged by legislation.

In many jurisdictions, including Nigeria, the legal framework clearly empowers authorities to order autopsies in cases of suspicious or unexplained deaths.[3] However, empirical realities often diverge from these formal prescriptions.[4] Families may resist autopsies on cultural or religious grounds;[5] healthcare providers may avoid confrontation,[6] and law enforcement agents may lack the institutional will or resources to enforce compliance.[7]

This divergence reveals that legal authority alone is insufficient to guarantee medico legal outcomes.[8] Instead, the effectiveness of the law depends on its interaction with social legitimacy and cultural acceptability.[9] As Ehrlich[10] famously argued, the 'living law' that governs behaviour is often found not in statutes but in social practices. In the context of autopsy avoidance, the living law frequently overrides formal legal mandates, leading to a systematic erosion of forensic evidence.

4. Cultural, Religious, and Economic Norms Governing Death

Death is not merely a biological event but a deeply social and symbolic phenomenon, governed by complex cultural, religious, and economic norms.[11] These norms significantly influence attitudes towards autopsy and post mortem intervention.[12] Culturally, many communities attach great importance to bodily integrity after death. The idea of cutting or dismembering a corpse may be perceived as desecration, capable of disrupting the dignity of the deceased or their transition to the great beyond. In some traditions, timely burial is also essential, and

[1] Barbara Oomen, 'The Application of Socio-Legal Theories of Legal Pluralism to Understanding the Implementation and Integration of Human Rights Law' (2014) *European Journal of Human Rights*, available at https://www.researchgate.net accessed 3 April 2026.
[2] *Ibid*
[3] See s16A Coroners Act, 1962 for reportable deaths
[4] Olusesan Ayodeji Makinde, Clifford Obby Odimegwu, Mojisola O Udoh, Sunday A Adedini, Joshua O Akinyemi, Akinyemi Atobatele, Opeyemi Fadeyibi, Fatima Abdulaziz Sule, Stella Babalola and Nosakhare Orobaton, 'Death Registration in Nigeria: A Systematic Literature Review of its Performance and Challenges' (2020) 13(1) *Global Health Action* Article 1811476, DOI: 10.1080/16549716.2020.1811476, available at https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1811476 accessed 3 April 2026.
[5] *Ibid*
[6] *Ibid*
[7] *Ibid*
[8] Edegbe Felix O, Uzoigwe Chukwuma J, Kenneth Chinedu Ekwedigwe and Ifeanyi Ekwedigwe, 'Determination of the Incidence of Medico-Legal Death in a Tertiary Health Institution in Abakaliki, Ebonyi State, South-East, Nigeria' (2020) 12(8) *Global Journal of Health Science* 58, DOI: 10.5539/gjhs.v12n8p58, available at https://www.researchgate.net accessed 3 April 2026.
[9] Hahn, J. (2022). The Effectiveness of the Law. In: Foundations of a Sociology of Canon Law. Springer, Cham. https://doi.org/10.1007/978-3-031-01791-9_6
[10] Dipasha Guglani, 'Eugen Ehrlich, Living Law, and Plural Legalities' (2008) 9(2) *Theoretical Inquiries in Law*.
[11] Samuel Okafor, 'Culture, Perception/Belief About Death and Their Implication to the Awareness and Control of the Socio-Economic, Environmental and Health Factors Surrounding Lower Life Expectancy in Nigeria' (2017) 3(5) *Acta Psychopathologica*, DOI: 10.4172/2469-6676.100128, available at https://www.researchgate.net/publication/321207029 accessed 3 April 2026
[12] S A Malami and A Mohammed, 'Autopsy Practice in Northern Nigeria' (2002) 4(3-4) *The Nigerian Journal of Surgical Research* July–December, available at https://scispace.com/pdf/opinion-autopsy-practice-in-northern-nigeria-3imltar9vd.pdf accessed 3 April 2026.

autopsies are resisted because they introduce delays.

Religiously, beliefs about the sanctity of the body and the afterlife also often shape resistance to autopsy. Certain interpretations of Islamic and Christian doctrines emphasize respect for the dead body and discourage invasive procedures unless absolutely necessary.[1] These beliefs are not merely theological abstractions but are actively enforced through family and community expectations.[2] Economic considerations further complicate the issue. Autopsies may impose financial burdens on families, including hospital fees, transportation costs, and burial delays that increase funeral expenses.[3] In resource constrained settings, these costs can be prohibitive, leading families to refuse post mortem examinations even when they might otherwise be willing.[4]

Taken together, these factors demonstrate that autopsy refusal is a rational response within a particular socio economic and cultural context.[5] It is not simply ignorance or defiance of the law, but an expression of competing normative priorities that the formal legal system often fails to accommodate.

Community Authority versus Institutional Authority

A key dimension of socio legal pluralism is the coexistence of multiple centres of authority. In the context of death and burial practices, community-based authorities such as family heads, religious leaders, and traditional rulers often exercise significant influence, sometimes outweighing that of formal institutions.[6] Institutional authority, represented by hospitals, coroners, and law enforcement agencies, derives its legitimacy from statutory law and professional norms. It is expected to operate in accordance with legal procedures and evidentiary standards. However, its effectiveness is contingent on social acceptance and cooperation.[7] Community authority, by contrast, is rooted in shared values, social cohesion, and moral legitimacy.[8] Decisions regarding whether to permit an autopsy are often made collectively, with deference to elders or religious figures. In many cases, these actors may actively discourage autopsy on the grounds of tradition, faith, or communal identity.[9]

The resulting tension can lead to negotiated outcomes in which institutional actors compromise enforcement to maintain social harmony.[10] Healthcare providers, for example, may refrain from insisting on autopsy in order to avoid conflict with grieving families.[11] Similarly, law enforcement agents may prioritize expediency over strict compliance with medico legal requirements.[12] This dynamic reflects what Griffiths[13] describes as the 'weakness' of state law in plural legal settings, where its authority is contingent rather than absolute. The consequence, in the context of this article is a systematic under enforcement of autopsy laws and a corresponding loss of forensic evidence, particularly in cases where cause of death is uncertain or potentially criminal.

Statutory Basis for Medico Legal Autopsy in Nigeria

The legal architecture governing medico legal autopsies in Nigeria is fragmented, resting primarily on state Coroners Laws, supplemented by federal criminal procedure legislation and institutional practices within healthcare settings.[14] At the core are the various Coroners Laws enacted by states, which impose a duty on designated officials to investigate deaths that are sudden, unnatural, violent, or occur under suspicious

[1] *Ibid*
[2] Samuel Robsam Ohayi, Anthony Jude Edeh and Nnaemeka Thaddeus Onyishi, 'Utilization of Clinical Autopsy Services in a Nigerian Teaching Hospital' (2021) 73(1) 77, available at https://ijmsweb.com/content/101/2021/73/1/pdf/IJMS-73-077.pdf accessed 3 April 2026.
[3] *Ibid*
[4] *Ibid*
[5] Shelu Sharma and Rituja Sharma, 'Autopsy Across Cultures: Unravelling Beliefs and Ethics' (2025) 14(22s) *Journal of Neonatal Surgery* 730, available at https://jneonatalsurg.com/index.php/jns/article/view/4095/4732 accessed 3 April 2026.
[6] Marc Mason, *Routledge Handbook of Socio-Legal Theory and Methods* (Routledge 2019).
[7] Shelu Sharma and Rituja Sharma, 'Autopsy Across Cultures: Unravelling Beliefs and Ethics' (2025) 14(22s) https://www.researchgate.net/publication/391749937_Autopsy_Across_Cultures_Unravelling_Beliefs_and_Ethics accessed 3 April 2026.
[8] *Ibid*
[9] *Ibid*
[10] *Ibid*
[11] *Ibid*
[12] *Ibid*
[13] Baudouin Dupret, 'Legal Pluralism, Plurality of Laws, and Legal Practices: Theories, Critiques, and Praxiological Re-specification' (European Journal of Legal Studies, Issue 1), available at https://cadmus.eui.eu/bitstreams/1d4e0094-4892-52e8-94e6-d3c9c96c4063/download accessed 3 April 2026.
[14] See the Coroner Laws of states in Nigeria, particularly the Coroner's System Law of Lagos State (Cap C15, Laws of Lagos State) 2015.

circumstances.[1] These laws typically empower coroners to order post mortem examinations where necessary to ascertain the cause of death.[2]

Although the Evidence Act, 2011[3] provides for reception of expert evidence, the absence of a harmonized national framework results in uneven application and weak coordination between investigative and medical authorities. Hospitals occupy a critical, though under regulated, position within this framework and medical practitioners are generally expected to certify deaths and report cases that fall within the coroner's jurisdiction.[4] Professional and institutional guidelines require that deaths which are sudden, unexplained, or potentially medico legal in nature be referred to the appropriate authorities.[5] In practice, however, compliance is inconsistent, often shaped by institutional culture, fear of litigation, or pressure from deceased persons' families.[6] This weakens the trigger mechanism for coroner involvement and contributes to the under-utilization of autopsies.[7]

5. Death Certification, Burial Permits, and Administrative Practice

A crucial but often misunderstood distinction exists between death certificates and burial permits within Nigerian administrative practice.[8] A death certificate is a formal medical document issued by a qualified practitioner, stating the cause and circumstances of death based on clinical knowledge or examination.[9] By contrast, a burial permit is an administrative authorization, typically issued by local government authorities, allowing for the disposal of the body.[10] The latter does not require rigorous verification of cause of death and may be issued upon presentation of minimal documentation.[11]

This distinction creates significant room for administrative discretion, which is frequently exercised in ways that undermine the integrity of death investigation.[12] In many instances, burial permits are issued without insistence on thorough medical certification or referral to the coroner, effectively bypassing the legal safeguards intended to ensure proper investigation.[13] Institutional gaps such as poor record keeping, lack of digitization, and limited oversight further exacerbate this problem.[14]

The result is the gradual in formalization of death documentation practices. Families may proceed with burial based on incomplete or non-specific certifications, while authorities may prioritize expediency over accuracy.

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[1] See s3, the Coroner System Laws of Lagos State, 2015.

[2] See section 4 of the Coroners System Law of Lagos State 2007 which mandates inquests in specified categories of deaths, while section 15 authorises the coroner to direct that an autopsy be conducted where the circumstances so require. Similar provisions exist across other states, though with notable variations in scope, enforcement, and institutional capacity.

[3] See s68

[4] J O Obafunwa, O Ajayi and M I Okoye, 'Medical Evidence and Proof of Cause of Death in Nigerian Courts' (2018) 58(2) *Medicine, Science and the Law* 122, DOI: 10.1177/0025802418754576, available at https://journals.sagepub.com/doi/10.1177/0025802418754576 accessed 3 April 2026

[5] See generally International Committee of the Red Cross, *Guidelines for Investigating Deaths in Custody* (ICRC 2013), available at https://www.icrc.org/sites/default/files/external/doc/en/assets/files/publications/Icrc-002-4126.pdf accessed 3 April 2026

[6] Hassan King Obaro, Ajide Ob, Olajide Steven Olatunbosun and Olatoke So, 'Management of Brought-in-Dead (BID) Persons in Nigeria: Medico-Legal Implications' (2024), available at https://www.researchgate.net accessed 3 April 2026.

[7] *Ibid*

[8] 'Medical Certification of Death and Indications for Medico-Legal Autopsies: The Need for Inclusion in Continuing Medical Education in Nigeria' (2006) 1(3) https://www.researchgate.net/publication/259104876_Medical_certification_of_death_and_indications_for_medico-legal_autopsies_The_need_for_inclusion_in_continue_medical_education_in_Nigeria accessed 3 April 2026

[9] Olusesan Ayodeji Makinde, Clifford Obby Odimegwu, Mojisola O Udoh, Sunday A Adedini, Joshua O Akinyemi, Akinyemi Atobatele, Opeyemi Fadeyibi, Fatima Abdulaziz Sule, Stella Babalola and Nosakhare Orobaton, 'Death Registration in Nigeria: A Systematic Literature Review of its Performance and Challenges' (2020) 13(1) *Global Health Action* Article 1811476, DOI: 10.1080/16549716.2020.1811476, available at https://pmc.ncbi.nlm.nih.gov/articles/PMC7783065/ accessed 3 April 2026

[10] *Ibid*

[11] *Ibid*

[12] *Ibid*

[13] Babak Mostafazadeh, Mohammad Hosien Kamaloddini and Fares Najari, 'Study of Death Certificates and Burial Permit with the Criteria of the World Health Organization and the Ministry of Health and Medical Education in Tehran during 2013–2014: Brief Report' (2017) 75(6) *Tehran University Medical Journal* 457, available at https://www.researchgate.net accessed 3 April 2026

[14] *Ibid*

This administrative laxity erodes the evidentiary value of death records, obscures patterns of mortality, and contributes to the broader phenomenon of death without diagnosis.[1] From both a legal and human rights perspective, the failure to maintain robust and reliable death documentation systems undermines accountability, weakens public health data, and compromises the state's obligation to investigate potentially unlawful deaths.[2]

Medical Negligence, Professional Accountability, and Autopsy Evidence

Medical negligence litigation in Nigeria often relies heavily on medical and forensic evidence to establish whether a healthcare provider breached the applicable standard of care. Within this context, medico-legal autopsies play a crucial role in determining the precise cause of death and clarifying whether medical intervention contributed to the outcome. Autopsy findings can therefore serve as important evidentiary tools in cases where the death of a patient raises questions about professional misconduct or substandard medical treatment.

In malpractice litigation, the claimant must typically establish that a duty of care existed, that the healthcare provider breached that duty, and that the breach caused the injury or death in question.[3]Autopsy evidence can be instrumental in proving the element of causation, particularly where the clinical records alone are insufficient to determine the exact mechanism of death. A post-mortem examination may reveal undiagnosed conditions, surgical complications, medication errors, or other pathological findings that help clarify whether the medical treatment provided fell below acceptable professional standards. Consequently, autopsy reports prepared by forensic pathologists often serve as expert evidence before courts and disciplinary bodies.

Autopsy evidence also contributes to professional accountability within the medical profession. Where the findings of a medico-legal autopsy suggest that a patient's death resulted from negligent medical care, such evidence may trigger investigations by regulatory bodies such as the Medical and Dental Council of Nigeria (MDCN). These bodies have the authority to discipline practitioners found guilty of professional misconduct or malpractice.[4] In this sense, autopsies serve not only a forensic function but also a regulatory one, promoting transparency and accountability within the healthcare system.

However, the limited use of autopsies in Nigeria creates significant evidentiary barriers in medical negligence cases. In many instances, deaths are certified and the bodies released for burial without a post-mortem examination, particularly where the death occurs in private hospitals or outside formal investigative processes.[5] The absence of autopsy evidence can make it extremely difficult for claimants to establish causation, as courts may rely primarily on medical records or expert testimony that may not conclusively determine the cause of death.

This evidentiary gap contributes to the broader problem of under-litigation of medical negligence claims in Nigeria. Without reliable forensic evidence, proving malpractice becomes significantly more difficult, thereby weakening both legal accountability and patient protection within the healthcare system.

Institutional Weaknesses and Enforcement Deficits

Despite the existence of statutory provisions governing death investigation in Nigeria, the effectiveness of these laws is often undermined by institutional weaknesses and enforcement deficits. One of the most significant challenges relates to the limited capacity of coroner institutions across many states. Although coroner laws provide for the investigation of suspicious or unnatural deaths, many coroner offices operate with inadequate funding, insufficient personnel, and limited logistical support.[6]As a result, inquests are frequently delayed or not conducted at all, particularly in jurisdictions where institutional resources are constrained.

Another major challenge is the absence of well-developed forensic infrastructure. Nigeria has a limited number of specialized forensic laboratories and trained forensic pathologists capable of conducting comprehensive medico-legal autopsies.[7] This shortage significantly restricts the ability of investigative authorities to obtain reliable scientific evidence in cases involving suspicious deaths, medical negligence, or criminal homicide. Consequently, the combined effect of weak institutional capacity and inadequate forensic resources continues to

[1] *Ibid*
[2] *Ibid*
[3] *Okonkwo v Medical and Dental Practitioners Disciplinary Tribunal* (2001) 7 NWLR (Pt 711) 206 (SC).
[4] Medical and Dental Practitioners Act, Cap M8 Laws of the Federation of Nigeria 2004.
[5] AO Komolafe et al, 'Coroners' Autopsies and Medicolegal Evidence: Have We Always Answered the Crucial Questions?' (2023) *Nigerian Journal of Health Sciences*.
[6] Coroner Law of Lagos State 2007.
[7] AO Komolafe et al

hinder the effective enforcement of death investigation laws in Nigeria.

6. Jurisdictional Comparison

Comparative medico-legal analysis provides a useful framework for evaluating the effectiveness of death investigation systems by examining how different jurisdictions regulate autopsies, balance public and private interests, and structure institutional accountability. This section examines the approaches adopted in the United Kingdom, South Africa and India, with a focus on statutory frameworks, constitutional considerations and practical challenges. These jurisdictions offer instructive models for understanding how law and forensic medicine intersect in the governance of death investigation.

United Kingdom

The United Kingdom operates a highly structured and historically evolved coronial system, primarily governed by the Coroners and Justice Act 2009. This legislation provides a comprehensive statutory framework for the investigation of deaths that are violent, unnatural, sudden, or occur in custody or state detention.[1] Under the Act, coroners are independent judicial office holders tasked with determining who the deceased was and how, when and where the death occurred.

A key feature of the UK system is the emphasis on mandatory reporting and inquests in specified categories of death. Medical practitioners, registrars and other relevant officials are under a legal obligation to notify the coroner where a death falls within these categories.[2] Upon notification, the coroner must decide whether to investigate the death and where appropriate, open an inquest. In cases involving deaths in custody or those engaging state responsibility, the holding of an inquest is effectively mandatory, reflecting the importance of public accountability.

Autopsies in the UK are closely tied to the public interest function of the coroner. Where the cause of death is unknown or unclear, the coroner has the statutory authority to order a post-mortem examination, which is typically conducted by a qualified forensic pathologist.[3] Notably, these autopsies are state-funded, underscoring the recognition that death investigation serves a broader societal interest beyond the concerns of the deceased's family. The primary purpose of such examinations is not to assign civil or criminal liability, but to establish the medical cause of death as part of a transparent investigative process.

The UK system also reflects a careful balance between judicial authority and family rights. While coroners have broad discretion to order autopsies without the consent of the deceased's relatives, they are expected to take into account religious and cultural objections where possible. However, such objections are not determinative and the coroner may proceed with an autopsy if it is necessary in the public interest.[4] This position has been affirmed in case law, where courts have recognized that the state's interest in investigating certain deaths may override individual or familial preferences.

Judicial oversight is another defining characteristic of the UK framework. Decisions made by coroners are subject to review by higher courts through mechanisms such as judicial review. This ensures that coronial powers are exercised in accordance with legal standards and principles of fairness. In addition, the incorporation of Article 2 of the European Convention on Human Rights into domestic law through the Human Rights Act 1998 has strengthened the obligation to investigate deaths involving potential state responsibility.[5] This has led to the development of more rigorous inquest procedures, particularly in cases involving deaths in custody or alleged state negligence.

Overall, the UK model illustrates a well-integrated system in which coronial authority, public funding and judicial oversight combine to ensure that death investigations are conducted in a transparent, accountable and legally robust manner.

South Africa

South Africa's approach to death investigation reflects a strong constitutional orientation, combining statutory regulation with fundamental rights protections. The primary legal framework is provided by the Inquests Act 58 of 1959, which governs the investigation of deaths occurring under circumstances that are not clearly due to

[1] Coroners and Justice Act 2009 (UK).
[2] ibid
[3] Ibid 20
[4] Ibid
[5] Human Rights Act 1998 (UK); European Convention on Human Rights, art 2.

natural causes.[1] The Act mandates that such deaths be reported to the authorities and investigated through an inquest process aimed at determining the cause and circumstances of death.

A distinctive feature of the South African system is its grounding in constitutional rights, particularly the rights to life and human dignity as enshrined in the Constitution of the Republic of South Africa, 1996.[2] These rights impose a positive obligation on the state to ensure that deaths, especially those occurring in suspicious or custodial contexts, are properly investigated. The medico-legal autopsy thus becomes not merely a procedural requirement, but a constitutional imperative linked to the protection of fundamental rights.

The administration of medico-legal autopsies in South Africa is largely centralized through the Forensic Pathology Services (FPS), which operate under the Department of Health. These services are responsible for conducting post-mortem examinations in designated medico-legal mortuaries, ensuring a high degree of professionalization and standardization.[3] Once a death is reported, the body is typically transferred to an FPS facility, where a qualified forensic pathologist conducts the autopsy and prepares a report for use in judicial proceedings.

The relevance of constitutional principles to death investigation is further illustrated by jurisprudence such as the Treatment Action Campaign case, where the Constitutional Court emphasized the state's obligation to take reasonable measures to protect life and ensure access to healthcare.[4] Although the case did not directly concern autopsies, its reasoning has broader implications for medico-legal practice, reinforcing the idea that state institutions must act diligently in matters affecting life and health, including the investigation of deaths.

Despite these strengths, challenges remain within the South African system. Resource constraints, case backlogs and disparities between urban and rural areas can affect the efficiency of death investigations. Nevertheless, the integration of constitutional rights with statutory procedures provides a strong normative foundation for accountability and transparency.

Thus, South Africa's model demonstrates how a rights-based approach, combined with institutional centralization and professional forensic services, can enhance the effectiveness and legitimacy of death investigation systems.

India

India's medico-legal framework for death investigation is shaped by a combination of statutory provisions, judicial decisions, and administrative practices. The principal legislation governing this area is the Code of Criminal Procedure (CrPC), which provides for the investigation of certain categories of death, including those that are suspicious, unnatural, or occur in custody.[5] Under the CrPC, police officers are empowered to conduct inquests and where necessary, request post-mortem examinations to determine the cause of death.

A notable feature of the Indian system is the role of state discretion in ordering autopsies. While post-mortem examinations are mandatory in certain cases, such as custodial deaths or deaths under suspicious circumstances, there are also situations where the decision to conduct an autopsy depends on the judgment of investigating authorities.[6] This can create variability in practice, particularly in hospital settings where deaths may be certified without further investigation.

The issue of consent also plays an important role in India's medico-legal framework. In general, the consent of the deceased's relatives is not required for medico-legal autopsies ordered by the state in the public interest. However, in cases of clinical or hospital deaths not involving suspicion of wrongdoing, consent practices may influence whether an autopsy is conducted.[7] This dual approach reflects an attempt to balance public interest considerations with respect for family autonomy and cultural sensitivities.

The Indian Supreme Court has played a significant role in shaping the legal principles governing death investigation. Through its jurisprudence, the Court has emphasized the importance of thorough and impartial investigations in cases involving suspicious deaths, particularly those implicating state actors.[8] The Court has also recognized that post-mortem examinations are essential tools for ensuring justice and preventing the

[1] Inquests Act 58 of 1959 (South Africa).
[2] Constitution of the Republic of South Africa 1996, ss 10, 11.
[3] National Health Act 61 of 2003 (South Africa).
[4] *Minister of Health v Treatment Action Campaign* 2002 (5) SA 721 (CC).
[5] Code of Criminal Procedure 1973 (India), ss 174–176.
[6] ibid.
[7] ibid
[8] *Parmanand Katara v Union of India* (1989) AIR 2039 (SC).

concealment of criminal acts. This judicial emphasis on public interest reinforces the authority of the state to order autopsies where necessary, even in the face of familial objections.

Despite these legal provisions, the Indian system faces several operational challenges. These include inadequate forensic infrastructure, delays in conducting autopsies and inconsistencies in investigative practices across different states.[1] In response, various reform efforts have been undertaken, including the development of standardized autopsy protocols and the introduction of forensic training programmes for medical practitioners.

In conclusion, India's approach reflects a complex interplay between statutory authority, judicial intervention, and administrative discretion. While the legal framework provides mechanisms for effective death investigation, practical challenges continue to affect its implementation. Nevertheless, the emphasis on judicial oversight and public interest offers valuable lessons for strengthening medico-legal systems in other jurisdictions.

7. Reform Pathways and Policy Recommendations

The effectiveness of death investigation in Nigeria is significantly constrained by legal fragmentation, weak institutional capacity and limited forensic infrastructure. These deficiencies undermine the reliability of medico-legal autopsy evidence and weaken accountability mechanisms within both the criminal justice and healthcare systems. Addressing these challenges requires a comprehensive reform strategy that integrates legislative clarity, institutional strengthening and policy innovation. Drawing from comparative practices and domestic realities, this section proposes targeted reforms aimed at improving the integrity and effectiveness of death investigation in Nigeria.

8. Conditional Mandatory Autopsy Regime

A central reform priority is the introduction of a conditional mandatory autopsy regime that clearly defines categories of deaths requiring compulsory medico-legal investigation. Under the current framework, the decision to conduct an autopsy is largely discretionary, leading to inconsistent practices and the frequent omission of post-mortem examinations even in cases that warrant legal scrutiny.[2] This undermines both evidentiary reliability and the administration of justice.

A reformed regime should provide a statutory definition of reportable deaths, including deaths that are sudden, violent, unexplained, or occur in custody, detention, or during medical treatment.[3] Additional categories such as maternal mortality, workplace fatalities and deaths arising from suspected medical negligence should also be included. Clearly defining these categories in legislation would reduce ambiguity and ensure greater compliance among medical practitioners and law enforcement authorities. However, the regime should remain 'conditional' to allow limited exceptions where the cause of death is medically established beyond reasonable doubt. In such cases, a decision not to conduct an autopsy should be subject to documentation and review by a coroner or other competent authority. This approach balances efficiency with accountability and aligns with practices in jurisdictions such as the United Kingdom, where coroners retain discretion within a structured statutory framework.[4]

9. State-Funded Forensic Services

Another critical reform area is the establishment of state-funded forensic services to eliminate financial barriers associated with medico-legal autopsies. In practice, the cost of autopsies in Nigeria is often borne by the deceased's family, which discourages their use and contributes to the under-investigation of suspicious deaths.[5] This financial burden is inconsistent with the public interest nature of death investigation. A publicly funded system would ensure that autopsies required for legal or investigative purposes are conducted without cost to families. This would enhance access to justice and improve compliance with investigative obligations,

[1] Law Commission of India, *Report on Forensic Science Infrastructure* (2017).

[2] AO Komolafe et al. 'Coroners' Autopsies and Medicolegal Evidence: Have We Always Answered the Crucial Questions?' (2023) *Nigerian Journal of Health Sciences*.
[3] Coroner Law of Lagos State 2007, s 4.
[4] Coroners and Justice Act 2009 (UK).
[5] Saminu Abacha Wakili and others, 'Legal Framework and Challenges Concerning Forensic Evidence in Nigeria' (2024) *Trunojoyo Law Review*.

particularly among economically disadvantaged populations. State funding should extend beyond autopsy procedures to include supporting forensic services such as toxicology and histopathology.

Comparative experience demonstrates the importance of such funding. In the United Kingdom, for example, coronial autopsies are publicly funded, reflecting the recognition that death investigation serves a societal rather than purely private interest.[1] Adopting a similar model in Nigeria would strengthen the evidentiary foundation of both criminal and civil proceedings and promote more consistent use of forensic science.

10. Culturally Responsive Consent Models

Reform efforts must also address the tension between medico-legal requirements and cultural or religious objections to autopsy. In Nigeria, resistance to post-mortem examinations is often rooted in religious beliefs and traditional practices, which can limit the willingness of families to consent to autopsies.[2] This presents a significant barrier to effective death investigation.

A culturally responsive consent model should therefore be developed to balance these concerns with the demands of justice. While consent should be sought from the deceased's family where appropriate, it should not be treated as an absolute requirement in cases involving suspicious or unexplained deaths. This position is consistent with legal practice in jurisdictions such as the United Kingdom, where coroners may order autopsies in the public interest notwithstanding family objections.[3] In addition, the adoption of minimally invasive autopsy techniques may help to reduce resistance while preserving the evidentiary value of the examination. Public education and transparent communication about the purpose and scope of medico-legal autopsies may also improve acceptance. Ultimately, a culturally sensitive but legally robust approach is necessary to ensure that religious considerations do not undermine the integrity of death investigations.

11. Strengthening Coronial and Institutional Oversight

Effective reform of death investigation in Nigeria requires the strengthening of coronial institutions and oversight mechanisms. Although coroner laws provide a legal framework for investigating certain categories of death, their implementation is often weakened by inadequate funding, limited personnel, and poor institutional coordination.[4] This results in delays, incomplete investigations, and, in some cases, the complete absence of inquests.

One key reform is the establishment of more independent and well-resourced coronial services. Such institutions should be granted operational autonomy and supported by trained legal and forensic personnel. Greater centralization or harmonization of coronial practices across states may also improve consistency and accountability.

In addition, stronger compliance and enforcement mechanisms are necessary. Medical practitioners and law enforcement officers should be placed under a clear legal obligation to report qualifying deaths, with sanctions for non-compliance. Professional regulatory bodies, including the Medical and Dental Council of Nigeria, should be empowered to discipline practitioners who fail to meet reporting or investigative standards.[5]

Judicial oversight should also be enhanced to ensure that coronial decisions are subject to review where necessary. This would promote adherence to due process and strengthen public confidence in the system. Furthermore, improved data collection and record-keeping systems are essential for monitoring compliance and informing policy development. In summary, strengthening institutional oversight is crucial to ensuring that legal reforms translate into effective practice. Without robust institutional enforcement mechanisms, even well-designed legal frameworks will fail to achieve their intended objectives.

12. Conclusion

This article has examined the legal and medico-legal frameworks governing autopsy and death investigations in

[1] Coroners and Justice Act 2009 (UK).
[2] AO Komolafe et al
[3] Coroners and Justice Act 2009 (UK).
[4] Coroner Law of Lagos State 2007.
[5] Medical and Dental Practitioners Act, Cap M8 Laws of the Federation of Nigeria 2004.

Nigeria. Emphasis is laid on the tension between law, culture, institutional practice and forensic accountability. The central thesis advanced throughout the study is that medico-legal autopsy should not be viewed merely as a medical procedure or administrative formality; rather, it is an essential legal and forensic mechanism for ensuring justice, accountability and public confidence in death investigation. Despite the existence of statutory provisions regulating coronial inquiries and criminal investigations, the Nigerian system continues to suffer from fragmented regulations, weak institutional implementation/enforcement, inadequate forensic infrastructure and widespread cultural resistance to autopsy practices.[1] These challenges significantly undermine the reliability of death investigations and impede both criminal and civil justice processes.

The article has further demonstrated that autopsy as a procedure occupies a crucial position within modern legal system because of its evidentiary value in determining the cause and manner of death. In cases involving homicide, medical negligence, custodial deaths or unexplained fatalities, medico-legal autopsies provide scientific findings that may establish causation, clarify disputed facts and support judicial decision-making.[2] Comparative analysis of jurisdictions such as the United Kingdom, South Africa and India effectively illustrate death investigation systems as being characterized by clear statutory frameworks, institutional independence, professional forensic services and strong oversight mechanisms.[3] By contrast, Nigeria's current framework remains largely reactive and underdeveloped, with many deaths escaping proper forensic scrutiny due to administrative inefficiency, financial barriers and inconsistent investigative practices.

A major theme emerging from this study is the need to reconcile the competing interests of culture, science and justice within the Nigerian context. Resistance to autopsy is often rooted in deep rooted religious beliefs, traditional burial practices and social perceptions concerning the treatment of the dead.[4] These cultural realities cannot be ignored in any meaningful reform process, nevertheless, respect for cultural sensitivity must be balanced against broader societal interest in arriving at accurate death investigations and legal accountability. Where suspicious deaths are not adequately investigated because of cultural objections or institutional reluctance, the consequences extend beyond individual families and may ultimately weaken public trust in the justice system.

This article argues for a more balanced and culturally responsive medico-legal framework. Such a framework should preserve the authority of the State to conduct autopsies in appropriate cases while simultaneously promoting transparency, public education and less intrusive forensic techniques where possible. Comparative practices demonstrate that it is possible to accommodate religious and cultural concerns without compromising evidentiary integrity.[5] In this regard, reform should not be approached as a conflict between tradition and science, but rather as an effort to harmonize human dignity, public health and legal accountability within a modern constitutional order.

The article also highlights the urgent need for broader forensic and institutional reforms in Nigeria. Effective death investigation requires more than statutory provisions; it is dependent on the existence of functional institutions, trained and therefore skilled forensic personnel, accessible, well equipped laboratories and adequately funded coronial systems.[6] Without these foundational structures, legal reforms in this field stand the risk of remaining purely theoretical. In essence, sustained government investment in forensic science, the establishment of state-funded forensic services and the harmonization of coronial procedures across jurisdictions are necessary steps toward improving the credibility of death investigation in Nigeria.

Conclusively, medico-legal autopsy remains an indispensable component of contemporary administration of criminal justice system because it is evidentiary and promotes public accountability. The existing framework in Nigeria provides a foundation for death investigation, but substantial reforms are required to ensure effectiveness, efficacy, transparency and public legitimacy. By strengthening coronial institutions, improving forensic capacity and adopting culturally responsive legal approaches, Nigeria will ultimately become a more reliable and scientifically grounded system of death investigation, capable of balancing the demands of culture, science and justice in a rapidly evolving legal and medico- legal environment.

[1] AO Komolafe et al
[2] Okonkwo v Medical and Dental Practitioners Disciplinary Tribunal (2001) 7 NWLR (Pt 711) 206 (SC).
[3] Coroners and Justice Act 2009 (UK); Inquests Act 58 of 1959 (South Africa); Code of Criminal Procedure 1973 (India).
[4] AO Komolafe et al
[5] Coroners and Justice Act 2009 (UK).
[6] Saminu Abacha Wakili et al, 'Legal Framework and Challenges Concerning Forensic Evidence in Nigeria' (2024) Trunojoyo Law Review.