

Legal and Ethical Aspects of Death and Dying.

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Today's Discussion

- ReSPECT Form.
- The importance of honest discussions with your patients and their relatives.
- The importance of good note keeping.
- Common pitfalls in writing a death certificate.
- The Medical Examiner System:

Background

National/Regional structure

HUTH Medical Examiner Office

MCCD process – Do's and Don'ts

The role of the Medical Examiner and the Medical Examiner's Officer



"Your test results have come in and, as we feared, you're dead."

The Medical Examiner System:

The medical examiner system will be a transformative part of the NHS safety system, giving the bereaved a voice, while ensuring that the period after death is as problem free as possible. Several important inquiries have recommended this system be established.

Sir Alan Fletcher (National Medical Examiner)

Ref: 'Medical Examiners' by RCPATH 2016

ReSPECT - Recommended Summary Plan for Emergency Treatment and Care

- Person-centred decision-making in emergency situations and at the end of life.
- It is essential that patients are involved in decisions about their care, feel empowered to make choice and feel able to make informed decisions.
- By ensuring everyone is given the opportunity to discuss their preferences and goals for the end of life.
- The wishes of the individual being treated must be central to any clinical decision

ReSPECT:

Discussions and advanced care planning

Never miss an opportunity to have a planned ReSPECT discussion:

- When a patient is well enough during a hospital admission
- During a routine clinic appointment
- At a GP attendance

To do this you have to recognise that life is always ultimately fatal and some conditions make it likely that death is going to be sooner rather than later

Recognising and acknowledging a patient is dying is part of good medicine and not a failure

ReSPECT :

Discussions and advanced care planning

Urgent / emergency ReSPECT discussions:

- Have them as early as possible while the patient is still well enough to participate
- Be honest with the patient and their relatives and don't use code words

ReSPECT :

Discussions and advanced care planning

- ‘Your relative is very poorly’ = he / she is unwell but that’s why they are in hospital
- ‘Your relative may not survive’ = But they may survive
- ‘There may be a bad outcome’ = he / she won’t be as well as they were before
- ‘The prognosis is guarded’ = I have no idea what this means

ReSPECT :

Discussions and advanced care planning

- Learn how to use the words death and dying
- This allows patients and their relatives to know what's coming and to make plans
- Do not give false hope just because it's easier than being honest

To consider...

- Think about a scenario where a patient has died and no-one is prepared to spare the time to do the death certificate or the cremation papers
- Any delay in writing the paperwork is a delay for the family in getting the death registered and getting their loved one transferred from the mortuary to the funeral directors

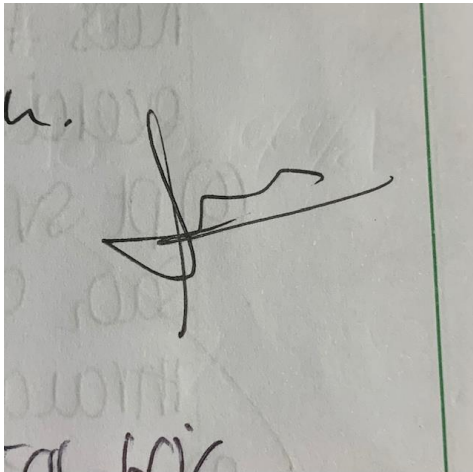
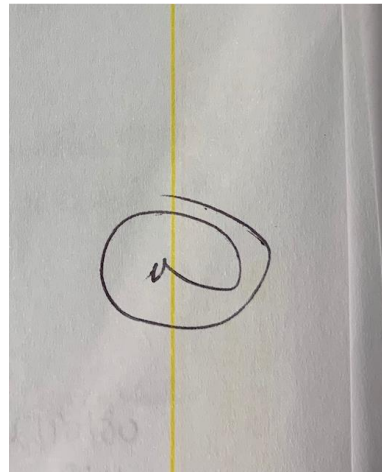
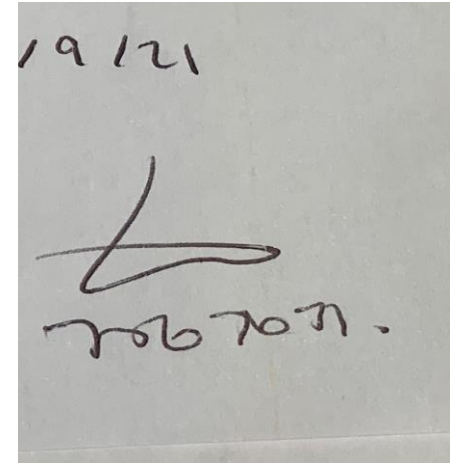
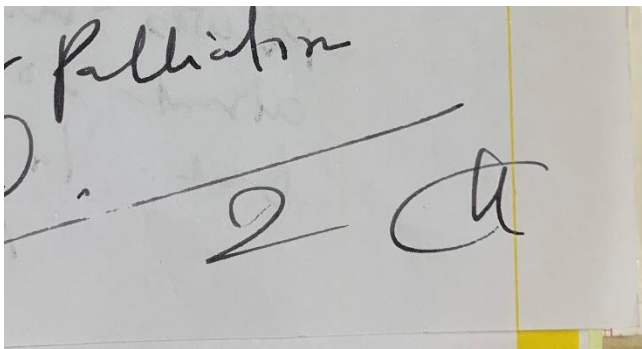
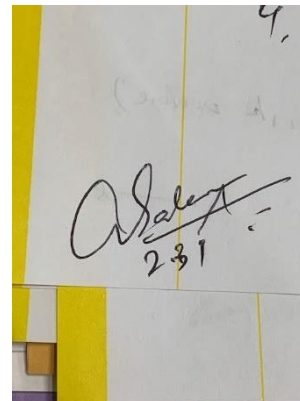
What the GMC says:

- 83 Your professional responsibility does not come to an end when a patient dies. For the patient's family and others close to them, their memories of the death, and of the person who has died, may be affected by the way in which you behave at this very difficult time
- 85If it is your responsibility to sign a death or cremation certificate, you should do so without unnecessary delay.

The importance of good note keeping

- If it's not documented it didn't happen!
- It's really important that the notes reflect what's happening rather than just repeating what the original differential was.
- Always **Print your name** and **GMC number** underneath your signature.

Governance – Signatures

A handwritten signature in black ink on a white medical note. The signature is stylized and appears to be a cursive 'J' or 'L' with a horizontal line extending to the right.A handwritten signature in black ink on a white medical note. The signature is a simple cursive 'u' or 'v' enclosed within a hand-drawn circle.A handwritten signature in black ink on a white medical note. The signature is a cursive 'L' with a horizontal line extending to the right. Above the signature, the date '19/12/1' is written. Below the signature, the name 'robert' is written.A handwritten signature in black ink on a white medical note. The signature is a cursive 'A' with a horizontal line extending to the right. Above the signature, the word 'Palliation' is written. Below the signature, the date '2' is written.A handwritten signature in black ink on a white medical note. The signature is a cursive 'A' with a horizontal line extending to the right. Below the signature, the date '23/1' is written.

All entries in medical notes
require:

- Date and time
- Signature
- Printed name
- GMC number

**Remarkable people.
Extraordinary place.**

Purpose of a Death Certificate (MCCD)

- It's a legal requirement
- Enables family to register the death (needed to bury/cremate & settle estate)
- National statistics (monitoring health of population & planning services)
- Permanent record of cause of death
- Certification must be carried out 'to the best of your knowledge and belief'

Cause of Death Statement:

- 1a _____
Disease or condition directly leading to death (NOT mode of dying)
- 1b _____
Other disease or condition, if any, directly leading to 1a
- 1c _____
Other disease or condition, if any, directly leading to 1b
- 2 _____
Other significant conditions that contributed to the death but are not part of the main causal sequence

Cause of Death Statement:

- 1a is the condition that directly caused the patient to die
- Lowest line in 1 is the disease/condition that initiated the train of events leading directly to death
- 1a is caused by 1b +/- caused by 1c

Cause of Death Statement:

Start with the most recent condition and go backwards in time –

1a Most recent condition (e.g. cardiac tamponade)

1b Due to/as a consequence of Next oldest condition (e.g. ruptured MI)

+/- **1c** Due to/as a consequence of

Oldest/initiating condition (e.g. coronary artery atheroma)

Part 2

Is for other diseases, injuries, conditions or risk factors that contributed to death or decline of patient but were not part of the direct sequence e.g. Diabetes, hypertension, obesity

Cause of Death Statement: Rules

- Don't use abbreviations (COPD)
- Don't use the word "accident" (CVA)
- Joint causes of death
- Cause/type of bronchopneumonia where possible
- 'osteoporotic' fracture
- 'dementia' – must be over 80 and have showed recent decline
- 'spontaneous' bleed

Cause of Death Statement: Old Age

- Old age should only be given as the sole cause of death in very limited circumstances.
- Patients must be >80yrs
- You have personally cared for the deceased over a long period (years, or many months)
- You have observed a gradual decline in your patient's general health and functioning
- You are not aware of any identifiable disease or injury that contributed to the death
- You are certain that there is no reason that the death should be reported to the coroner
- (best avoided in hospital patients)

Cause of Death Statement: Sepsis & Organ Failure

You can't just put:

1a organ failure (except CCF) or 1a sepsis
without giving the underlying cause in 1b
(can put e.g. 1a meningococcal sepsis)

Cause of Death Statement:

Do not put modes of death...

- Terms that do not identify a disease or pathological process are not acceptable as the only cause of death. This includes terminal events, or modes of dying such as cardiac or respiratory arrest, syncope or shock.

Cause of Death Statement:

Top Tip –

Read COD statement aloud

“the cause of death is...”

- 1a caused by
- 1b caused by
- 1c

Does it sound sensible?

If not - think again/get advice

MCCD – what not to write...

ing held.
death to the Coroner for further action.] digit(s) and letter [c Not seen after death by a

CAUSE OF DEATH
The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

n directly HYPOXIC BRAIN INJURY

dition, if any, DROWNING

dition, if any,

ditions
TO THE DEATH but DEMENTIA, ATRIAL FIBRILLATION, CH
ease or condition
OBSTRUCTIVE PULMONARY DISEASE

n due to or contributed to by the employment followed at some time by the deceased.

to the Coroner for further action.] NOT seen after de

CAUSE OF DEATH
The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

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ion, if any,

ions
THE DEATH but
e or condition

MCCD – what not to write...

me... **CAUSE OF DEATH**
The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

Please ring appropriate digit(s) and letter

a Seen after death by me.
b Seen after death by another medical practitioner but not by me.
c Not seen after death by a medical practitioner

use of death takes account of information from post-mortem.
post-mortem may be available later.
being held.
is death to the Coroner for further action.

Please ring appropriate digit(s) and letter

b Seen after death by another medical practitioner but not by me.
c Not seen after death by a medical practitioner

CAUSE OF DEATH
The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

ion directly **TRAUMATIC SUBARACHNOID HAEMORRHAGES**
condition, if any,
condition, if any,
conditions
TO THE DEATH but
case or condition

might have been due to or contributed to by the employment followed at some time by the deceased. ☐ Please where due to or contributed to by the employment followed at some time by the deceased.

the mode of dying, such as heart failure, asphyxia, asthenia, etc; it means the disease, injury, or complication which caused death.

use or condition directly
ing to death
r disease or condition, if any,
ng to I(a)
r disease or condition, if any,
ng to I(b)
r significant conditions
TRIBUTING TO THE DEATH but
elated to the disease or condition
ing it.

LOWER RESPIRATORY TRACT INFECTION
POLYTRAUMA, SUBARACHNOID HAEMORRHAGE (TRAUMATIC)
HYPERTENSION, CHRONIC KIDNEY DISEASE, LIVER CELL CARCINOMA, TYPE 2 DIABETES MELLITUS, OSTEOPOROSIS, FRAILTY

Too much information...

Post-mortem not being held.
I have reported this death to the Coroner for further action.
[See overleaf]

CAUSE OF DEATH
The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

I(a) Disease or condition directly leading to death† Infection with Staphylococcus aureus
Sepsis, acute kidney injury, Decompensated chronic liver disease

(b) Other disease or condition, if any, leading to I(a) Heart failure, liver cirrhosis, chronic kidney disease.

(c) Other disease or condition, if any, leading to I(b) Type II Diabetes Mellitus, Hypertension, ischaemic heart disease

II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.

Completion of MCCD:

DEATH CERTIFICATE EXAMPLE

Name of deceased.....Joseph Bloggs.....
Date of death as stated to me.....First..... day of January 2021 Age as stated to me.. 82.....
Place of death.....Ward 5 Hull Royal Infirmary.....
Last seen alive by me.....Thirtieth..... day of December 2020

1 The certified cause of death takes account of information obtained from post-mortem.

2 Information from post-mortem may be available later.

3 Post-mortem not being held.

4 I have reported this death to the Coroner for further action.

Please ring appropriate digit(s) and letter

☒ a Seen after death by me.

b Seen after death by another medical practitioner but not me.

c Not seen after death by a medical practitioner.

CAUSE OF DEATH

I (a) Disease or condition directly leading to death.....Covid19.....

(b) Other disease or condition, if any, leading to I(a).....Critical limb Ischaemia.....

(c) Other disease or condition, if any, leading to I(b).....Multi-organ failure.....

II Other significant conditions

CONTRIBUTING TO THE DEATH but ...COPD, IHD, Previous cataract operation, BCC.....
not related to the disease or condition causing it.....

Approximate interval between onset and death

The death might have been due to or contributed to by the employment followed at some time by the deceased ☐

I certify that this death certificate is accurate

Signature.....*BM BS*.....

Qualifications.....BM BS.....

Residence.....Hull Royal Infirmary.....

Date.....08/01/21.....

Consultant responsible for the above-named patient.....

Completion of MCCD:

DEATH CERTIFICATE EXAMPLE

Name of deceased.....Joseph Bloggs.....

Date of death as stated to me.....First.....day of January 2021.....

Age as stated to me.....82.....

Place of death.....Ward 5 Hull Royal Infirmary.....

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CAUSE OF DEATH

- I (a) Disease or condition directly leading to death.....Covid19.....
(b) Other disease or condition, if any, leading to I(a).....Critical limb Ischaemia.....
(c) Other disease or condition, if any, leading to I(b).....Multi-organ Failure.....

II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.....COPD, IHD, Previous cataract operation, BCC.....

Approximate interval between onset and death

The death might have been due to or contributed to by the employment followed at some time by the deceased ☐

I certify that this death certificate is accurate

Signature.....
Residence.....Hull Royal Infirmary.....
Consultant responsible for the above-named patient.....

Qualifications.....BM BS.....

Date.....08/01/21.....

Completion of MCCD:

CAUSE OF DEATH (Type or Print)	25. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			Approximate Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) { a. <u>Advanced Ovarian Sarcoma</u> DUE TO (OR AS A CONSEQUENCE OF):			<u>7 months</u>		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST { b. <u>Bowel Obstruction</u> DUE TO (OR AS A CONSEQUENCE OF):			<u>2 months</u>		
	c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
	d. _____ DUE TO (OR AS A CONSEQUENCE OF):					
PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.				26a. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	26b. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	26c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
27a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet. <input type="checkbox"/> Pending		27b. DATE OF INJURY (Month, Day, Year)	27c. HOUR	27d. HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2)		
27e. INJURY AT WORK (Specify Yes or No)	27f. PLACE OF INJURY At Home, Farm, Factory, Street, Office Bldg., etc. (Specify)		27g. LOCATION (Street, or R.F.D. No. City or Town State)			

Completion of MCCD:

CAUSE OF DEATH (Type or Print)	25. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) { a. <i>Dehydration</i> DUE TO (OR AS A CONSEQUENCE OF):			2 week
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST { b. <i>Dysphagia</i> DUE TO (OR AS A CONSEQUENCE OF):			unknown
	c. _____ DUE TO (OR AS A CONSEQUENCE OF):			
	d. _____ DUE TO (OR AS A CONSEQUENCE OF):			
PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.				
25a. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				25b. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				25c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
27a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet. <input type="checkbox"/> Pending		27b. DATE OF INJURY (Month, Day, Year)	27c. HOUR	27d. HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2)
27e. INJURY AT WORK (Specify Yes or No)	27f. PLACE OF INJURY At Home, Farm, Factory, Street, Office Bldg., etc. (Specify)	27g. LOCATION (Street, or R.F.D. No. City or Town State)		

Completion of MCCD:

<p>25. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.</p>				<p>Approximate Interval Between Onset and Death</p>	
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p>		<p>a. <u>CVA</u> DUE TO (OR AS A CONSEQUENCE OF):</p>			
<p>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST</p>		<p>b. <u>ALS</u> DUE TO (OR AS A CONSEQUENCE OF):</p>			
		<p>c. _____ DUE TO (OR AS A CONSEQUENCE OF):</p>			
		<p>d. _____ DUE TO (OR AS A CONSEQUENCE OF):</p>			
<p>PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.</p>				<p>25a. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p><u>NIDDM, COPD</u></p>				<p>25b. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
				<p>25c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>27a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet. <input type="checkbox"/> Pending</p>		<p>27b. DATE OF INJURY (Month, Day, Year)</p>		<p>27c. HOUR</p>	
				<p>27d. HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2)</p>	
<p>27e. INJURY AT WORK (Specify Yes or No)</p>		<p>27f. PLACE OF INJURY At Home, Farm, Factory, Street, Office Bldg., etc. (Specify)</p>		<p>27g. LOCATION (Street, or R.F.D. No. City or Town State)</p>	

Coroners Cases:

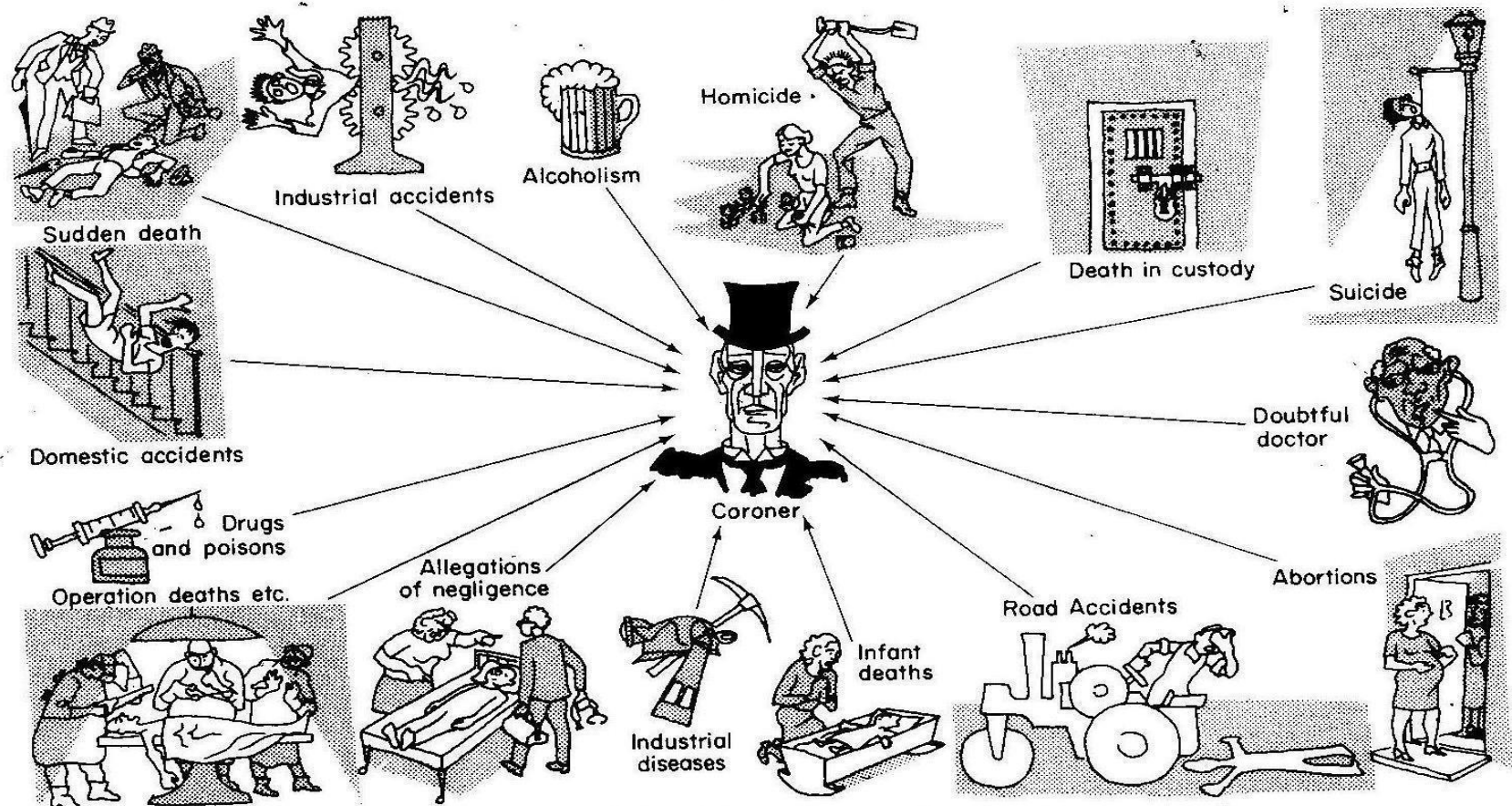


Fig. 5. Types of death which must be reported to the coroner.

Coroners Cases:

All referrals to the coroner should be done as soon as possible and preferably within 24 hours

Coronavirus Act

MCCD and Cremation Forms – excess death provisions March 2020

Any doctor with GMC registration can sign the MCCD for a patient in the hospital if the doctor who attended the patient is unable or unavailable to sign the MCCD.

And

The doctor planning to sign the MCCD is able to state The doctor planning to sign the MCCD is able to state the cause of death *to the best of their knowledge and belief* AND has obtained agreement from the Coroner they can sign the MCCD with that information.

The Role of The Medical Examiner System:

- Upgrade the quality of MCCD
- Help, support and train junior doctors writing the MCCD
- Reduce rejection of MCCDs from Registrar's Office
- Optimise the referrals to the Coroner
- Can write MCCDs and Cremation forms during Covid19
- Give the bereaved a point of contact and a way of voicing concerns or compliments
- Reduce complaints
- Early warning system for areas within the Trust that are having problems or giving suboptimal treatment



Medical Examiners are not ...



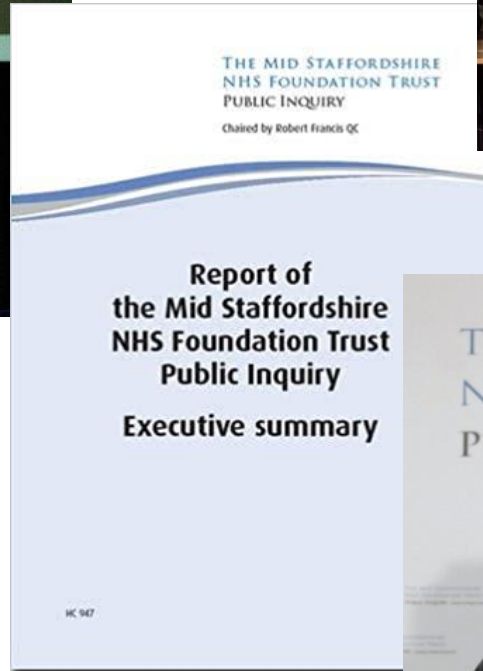
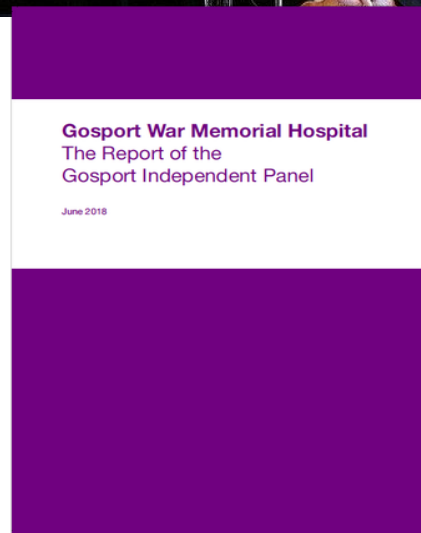
Who are Medical Examiners?

- Senior doctors (usually consultants or GPs)
- Additional online and face to face training (RCPathME)
- Role is independent of the Trust but will feed in to the Trust governance system
- Report to the Regional and National ME offices
- Work closely with the Coroner
- Supported by Medical Examiner's officers
- For Trusts with approx. 3000 deaths per year
 - 10 PAs of ME time and 3 full time MEOs

Why Do we Need Medical Examiners?



Why Do we Need Medical Examiners?



The Medical Examiner System

Additional layers of scrutiny for each death:

- Review of the notes
- Look for indications to refer to coroner
- Look for good and bad aspects of care
- Assess what the patient died of and what should be on the death certificate
- Discussion with doctor writing the death certificate
- Educational focus
- Agree what is being written
- Discussion with next of kin
- Make sure they are happy with care of their friend / relative
- Explain what is on the death certificate
- Answer any questions

The Medical Examiner's Officer:

- Pre-scrutiny review of medical notes and interact with the attending medical practitioner:
 - **What did the person die from?**
 - **Does the death need to be reported to a coroner?**
 - **Are there any clinical governance concerns?**
- Co-ordinating communication with the bereaved and ensuring their voice is heard
- Key role in running and organising the ME office especially when there are lots of different MEs

How you can help us...

- Please print your name and write your GMC number under your signature
- Please make sure that the current working diagnosis is written at the start of each ward round entry
- Please work with the MEOs to find a time that you can attend the ME office to do the paperwork – remember that completing them is part of your duty of care to the patient
- Discuss the case with the consultant responsible for the patient's care prior to coming down to the ME office

Any Questions?

