Death certification and Coroner referral


MEDICAL CERTIFICATE OF CAUSE OF DEATH

CAUSE OF DEATH

Natural and *Political*

OBSERVATIONS

Mentioned in a following INDEX,

and made upon the Adams 7.67.13

Bills of Mortality.

BY

Capt. *JOHN GRAUNT*,

Fellow of the *Royal Society*.

With reference to the *Government, Religion, Trade, Growth, Air, Diseases*, and the several Changes of the said CITY.

——*Non, me ut miretur Turba, laboro,*
Contentus paucis Lectoribus.——

John Flamsteed MR:

The Fifth Edition, much Enlarged.

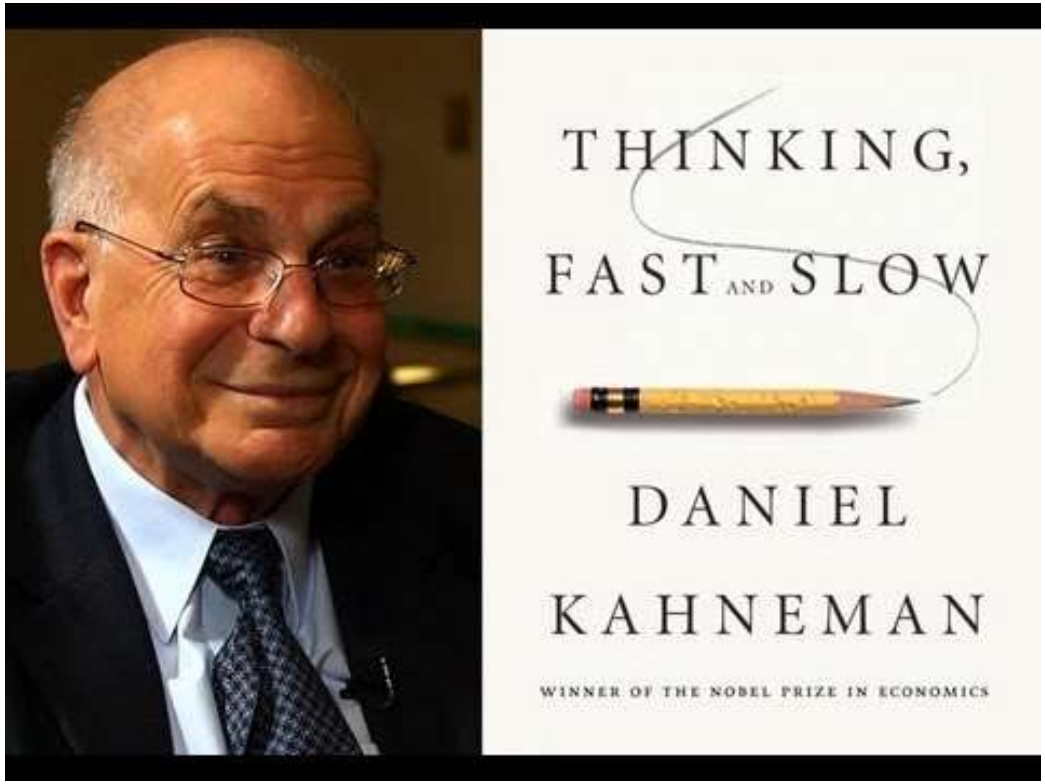
LONDON,

Printed by *John Martyn*, Printer to the *Royal Society*, at the Sign of the *Bell* in St. *Paul's* Church-yard. MDCLXXVI.


3,681
Rickets
1,638
Impostume
10,576
Flox and
small Pox
7,787
Bloudy Flux, Scouring
and flux
32,106
Chrisomes
and infants
3,364
Childbed
8,559
Abortive and
stillborn
2,504
Mother, Rising
of the Lights
14,236
Teeth and
Worms
9,077
Dropsy and
Tympany
1,845
Purples and
spotted Fever
10,363
Convulsion
16,384
Plague
1,389
Collick
and wind
1,306
Apoplex and
suddenly
46,583
Consumption
and cough
23,615
Ague and
fever
1,422
Livergrown, Spleen
and Rickets
15,926
Aged
3,104
Surfet

Aims

- Little bit about learning from deaths
- Explain Medical Examiner role and reasons to refer to HMC



Learning from Deaths

https://www.rcplondon.ac.uk/projects/national-mortality-case-record-review-programme

Leadership at Southern Health NHS Foundation Trust

There was not enough focus or time spent on carefully reporting and investigating unexpected deaths of Mental Health and Learning Disability service users.

The Board at Southern Health NHS Foundation Trust knew that the quality of the reporting of deaths was not good.

4

Royal College of Physicians

National Mortality Case Record Review Programme

Outline of the national programme

National programme

- Around 50% of all deaths occur in hospital
- 3– 5% of acute hospital deaths are thought to be potentially preventable. Hogan et al 2015

- Learn lessons + reduce errors/suboptimal care

- Structured judgement review (SJR) review methodology has been validated and used in practice

- Trained clinicians use explicit statements to comment on the quality of healthcare in a way that allows a judgement to be made that is reproducible.

Coroners and Justice Act 2009

CHAPTER 25

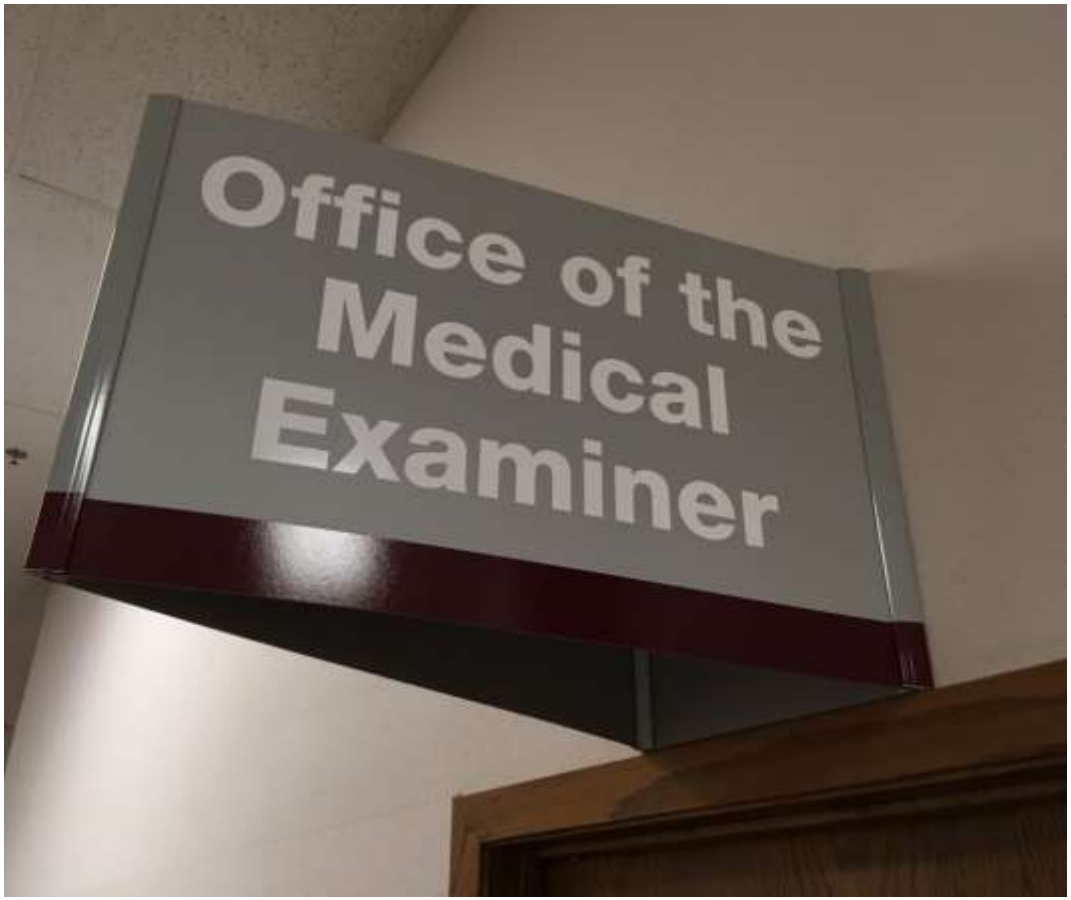
CONTENTS

PART 1

CORONERS ETC

CHAPTER 1

INVESTIGATIONS INTO DEATHS



https://www.legislation.gov.uk/ukpga/2009/25/section/19

https://www.rcpath.org/profession/medical-examiners.html

Medical Examiner

- Determining cause of death (MCCD) with treating team
- Communicating with the bereaved
- Liaising with Coroner's office
- Screening for governance/care problems

Key facts

- Hospital deaths initially
- New system later will involve all deaths
- Independent, unbiased
- Specific training

Experience from pilot sites

- Accepted well
- Educational for junior doctors
- More accurate death certification
- Incorporating NOK views
- ~10% find possible problem with care

HMC referral
if “reasonable cause to suspect”

- Violent or unnatural death
- COD unknown (also if no med practitioner within 14 days)
- Person in state detention- prison, police cell, under MHA (not DOLS), young offenders unit, immigration centre…

Referral to HMC

- The death occurred whilst the deceased was in custody or in state detention, whatever the cause of death
- The death may have occurred as a result of deliberate or accidental poisoning, whether by the deceased or another
- The death may have occurred as a result of the use of a controlled drug
- The death may have occurred as a result of the use of a medicinal product
- The death may have occurred as a result of trauma, violence or physical injury
- The death may be related to any treatment or procedure of a medical or similar nature
- The death may be the result of intentional self-harm
- The death may have occurred as the result of an injury received in the course of an employment
- The death may have occurred as a result of neglect or a failure of care
- The cause of death is unknown
- There is no attending practitioner

Deceased Name Date Of Birth BodyAddress DateOfDeath»
Your name and title
Your position within hospital
GMC number
Hospital Ward
NHs number of deceased if known
Time of death and name of verifier
Date of admission to hospital
Where were they admitted from
Method of admission (self present / GP referral / appointment)
Ambulance incident number if known
If the deceased had a fall give details of where and whether witnessed (include any falls whilst in hospital)
Had the deceased suffered any other trauma (give details)
Were Drugs or alcohol known to have played a part in the death (please give details and indication of any test results)
Was self harm a factor
Was the deceased detained under a section or any other form of detention
Could the death be due to the deceased's occupation (give details including any information given by the deceased in life)

What was the clinical diagnosis on admission
Please explain how these were reached eg graphic diagnostic tests, histology microbiology etc etc
What treatment was given
Were other specialities involved in the care (please give details)
If you have been asked to provide a cause of death in lieu of post-mortem please state below.
1a 1b 1c 2

Signature
Date Email address (NHS.net)

Example 1

52 year old man

Lymphoma, had chemo

Developed pneumonia

Died

- Further info?
- MCCD?
- Coroner?

Example 2

38 year old lady with cirrhosis admitted drowsy with haematemesis. Encephalopathy worsens despite prompt diagnosis and treatment…

- Further info?
- MCCD?
- Coroner?

Example 3

- 75 year old frail man fell at home sustaining tib/fib fracture. Found to be pathological due to bronchus cancer mets. Developed DVT and next day dies from suspected PE.

- Further info?
- MCCD?
- Coroner?

Example 4

- 57 year old man with chronic alcohol dependence arrested for allegded disorderly behaviour.
- Collapses in police cell and admitted to ED having generalised seizure
- Bitten tongue and multiple bruises
- Aspirated and dies on ICU 2 days later

- Further info?
- MCCD?
- Coroner?

Example 5

- 76 year old man with DM, hypertension, hypercholesterolaemia, IHD and dementia.
- Admitted to ED in full cardiac arrest and dies in resus room

- Further info?
- MCCD?
- Coroner?

Example 6

- 89 year old lady with IHD, diabetes, CKD3 and leg ulcers. Son lives with her. He has chronic schizophrenia.
- Admitted with severe sepsis probably from infected ulcers. Paramedics say house was in very poor state and son was aggressive and rude to them and his mother. She says she has been pleading for him to call for help for days and he refused and would not let her have anything to eat/drink.
- Despite treatment she died 14 hours after admission from MOF.

Further info?
MCCD?
Coroner?

Example 7

- 11 year old child with Down's syndrome, cyanotic heart disease and severe learning difficulties. Admitted with pneumonia and died despite correct active treatment

- Further info?
- MCCD?
- Coroner?

Example 8

- 73 year old man admitted with severe COPD due to infection. Type 2 respiratory failure worsens despite evidence based treatment including BIPAP. He does not want CPR or ICU and dies on the ward. He has a work related disability pension.

- Further info?
- MCCD?
- Coroner?

Example 9

63 lady readmitted with abdo and shoulder pain after being discharged following lap chole the day before

FY1 clerks her at 18.45 and feels she is stable.

Arrests at 05.10 and dies.

- Further info?
- MCCD?
- Coroner?

Example 10

- 56 lady with diabetes and BMI 35 admitted with breathlessness and T1RF. COVID +. Dies 4 days later on ICU from severe pneumonia.

- Further info?
- MCCD?
- HMC in what circumstances?

HMC

- Needs to know who died, when, where and how…
- If unclear, then PM will be requested
- If PM shows clear natural cause then will be allowed to certify CoD with 100B pass from HMC
- If concern, then an inquest may be arranged

Inquests

- May need to write a report for HMC
- May be called to give verbal evidence under oath
- Family present
- May have legal representative (not common)
- Questioning for clarification by HMC and family too if they wish
- Good support from Trust legal team

SUMMARY

- More focus on care in patients who have died- large scale **peer review**
- Use to stimulate and focus QI initiatives
- Inevitable opening up of processes so important to be aware

Summary
Who needs referral?

- Violent or unnatural death
- COD unknown (also if no med practitioner within 14 days)
- Person in state detention- prison, police cell, under MHA (not DOLS), young offenders unit, immigration centre…