

## **Reporting deaths to the Coroner**

### **General Notes:**

When a patient dies, it is the statutory duty of the doctor who has attended in the last illness to issue the MCCD. There is no clear legal definition of “attended”, but it is generally accepted to mean a doctor who has cared for the patient during the illness that led to death. The doctor should be familiar with the patient’s medical history, investigations and treatment. The certifying doctor should also have access to relevant medical records and the results of investigations.

If the doctor has treated the patient in life and seen the patient after death, that doctor can issue the MCCD if he/she feels confident to do this. If the doctor has seen the patient within 14 days of death, it is not necessary to view the patient after death. If the doctor has never treated the patient in life, then an MCCD cannot be issued and the death must be referred to the coroner.

The doctor may certify the death where he/she has:

- Attended the deceased in life AND seen after death, OR
- Attended to the deceased within 14 days of death, when it is not necessary to view the deceased after death.

When a death is referred to the coroner, it is imperative that all relevant information is shared. The reporting doctor should be familiar with the patient’s medical history, investigations and treatment and should have access to the records at the time of reporting.

“Old Age” may be given as the cause of death when the doctor caring for the patient has observed a gradual decline in general health and functioning and the patient is more than 80 years old.

### **Deaths that should be referred to the Coroner**

1. The cause of death is not known.
2. Cause of death may be due to trauma or unnatural cause eg Road traffic collision, possible suicide, poisoning, self-harm, fracture.
3. Cause of death may be related to an industrial disease eg pneumoconiosis, (deceased was a miner), mesothelioma, farmer’s lung.
4. Patient had been in hospital for less than 24 hours.
5. Cause of death is due to a fall or there has been a fall in the three days prior to death.
6. At death, grade 3 or 4 pressure sore present, or more than one grade 2 pressure sore.

7. Surgery or invasive procedure involving general or local anaesthetic performed within the preceding 12 months (including endoscopies).
8. A medical procedure or treatment which may have caused or contributed to the death. For the avoidance of doubt, a medical procedure includes chemotherapy, radiotherapy, biological/hormonal therapies, stem cell and bone marrow transplants.
9. Patient is a prisoner or is otherwise legally detained, including detention pursuant to Mental Health or other legislation. This includes all patients who are subject to Deprivation of Liberty Orders after such orders have been approved by the court.
10. Alcohol or any prescribed or non-prescribed drug is mentioned as contributing to the cause of death in part 1 of the death certificate.
11. Death during pregnancy or within a year of giving birth.
12. All deaths that would be referred to the Child Death Overview Panel (CDOP) i.e. deaths of all minors under the age of 18 years. It is very important that all doctors are conversant with the “signs of life” protocols and guidelines for neonatal cases - if further guidance is required on this please consult with the Trust and/or our office. We have had cases in this category where child deaths have not been reported to HMC but were picked up by the Registrar and then referred to HMC, causing great distress to the families.
13. Death is associated with or occurs after a clinical incident.
14. Where allegations of negligence have been made against the hospital or others involved in the nursing or medical care of the deceased, regardless of whether it is considered such allegations have merit.
15. Death may be due to the neglect of others.
16. Any other unusual circumstances.

If there is any doubt about whether a Coroner’s referral is required, the first point of contact should be the Consultant in charge of the care. The Consultant has the ultimate responsibility for decisions on referral. In General Practice, it is a good idea to discuss the case with a partner – if in doubt, refer to the Coroner.