

## **REPORTING DEATHS TO THE CORONER**

This is the fourth edition of the notes, originally issued in December 1999. They are an aide-memoire, rather than a definitive exposition and include good practice, as well as statutory requirements.

Please refer to the guidance material issued by the Office for National Statistics (attached as slightly modified) and also the Medical Certificate of Cause of Death itself (again a specimen certificate is attached) and the booklet that contains such certificates, both of which contain explanatory information.

My Office and Officers are at your disposal, to help with any enquiry and to take reports of any death reportable to the Coroner. If in doubt, please telephone; in no event will you be criticised for so doing and remember that a possibly unnecessary telephone call is far better than a family delayed in the registration of death due to an error or oversight.

The County is divided into four districts as follows:-

- |                 |                              |
|-----------------|------------------------------|
| 1. Chester      | 01925 – 442473/4             |
| 2. Crewe        | 01925 – 442479/81 and 443514 |
| 3. Macclesfield | 01925 – 442478/83 and 443512 |
| 4. Warrington   | 01925 – 442475/6/7           |

To report deaths or to seek advice during the hours of 8.00am to 4.00pm, Monday to Friday, please telephone the number for your district, as above.

Alternatively, please telephone my Office in Warrington on 01925 444216. An answering machine is available for out of hours' messages. Please note that the office closes for thirty minutes at 12.30 each day.

To report deaths at all other times, please telephone Police Control on 101

In the event of an out of hours' emergency, my home telephone number is 01 **PD** **PD** and my mobile number is 07 **I&S**. If you are unable to get through (I may be in an area of poor reception) please telephone Police Control (as above) who will be able to connect you to someone who can supply the telephone numbers of my deputies.

## **REPORTABLE DEATHS IN CHESHIRE**

Deaths are to be reported in the following circumstances:-

- (i) The cause of death is unknown. Remember, you must know the CAUSE of the death, rather than the mode of dying (heart failure, for instance, is not considered a cause of death but a mode of dying).
- (ii) You did not attend (in the sense of treating or at the least monitoring treatment) the deceased in his or her last illness and to your knowledge, no other doctor so attended or if they did attend, they are not currently available.
- (iii) The Registration Regulations cannot be satisfied for some other reason (e.g. the name of the deceased is not known).
- (iv) The deceased has not been seen by you for treatment within the 14 days before death.
- (v) The death was violent or unnatural or suspicious or unexpected.
- (vi) The death may be linked to poison or drugs.
- (vii) The death may be due in whole or in part to an accident, no matter when the accident occurred. An individual paralysed as a result of an accident may die several years later for instance as a result of pneumonia resulting in part from recumbancy.
- (viii) The death may be due to self-neglect or neglect by others, including poor care in a residential or nursing home.
- (ix) The death may be due to an industrial disease or related to the deceased's employment or the deceased was in receipt of industrial injury or disablement pension or war pension, even if the death does not appear to be related to the condition for which the pension has been awarded. In the case of a death due to a respiratory condition it is always necessary to consider whether there is a possible link to the deceased's former employment.
- (x) The death may be due to an abortion.
- (xi) The death occurred during an operation or before recovering from the effects of an anaesthetic.
- (xii) The death occurred within 24 hours of admission to hospital.
- (xiii) The death may be linked to an operation or any other medical procedure or drug (medicinal or otherwise and whether or not prescribed). It is best practice to report a death when there has been any operative procedure in the preceding 12 months.
- (xiv) The death may be linked to a fracture or fall. It is best practice to report a death when the deceased has suffered a significant fracture within the last 12 months.
- (xv) The death may be due to lack of medical care or allegations of medical mismanagement have been made.
- (xvi) The death may be due to the actions of the deceased, including suspected suicide, drug or solvent abuse, etc.
- (xvii) The death (whether natural or not) occurred during or shortly after detention in police or prison custody (even if the actual death occurs in hospital). Remember that although a prisoner may die in hospital, he is still in custody for these purposes.
- (xviii) The death (whether natural or not) occurred during State Detention which includes detention under the Mental Health Acts or under a DoLS order (Deprivation of Liberty Safeguards).

- (xix) The death (whether natural or not) occurred of a patient in a Mental Hospital whether detained or voluntary.
- (xx) The death occurred within 30 days of SACT (Systemic Anti Cancer Therapy), i.e. chemo therapy or radio therapy.
- (xxi) Deaths involving children under the age of 18 from whatever cause MUST be reported.
- (xxii) The death was that of a Mother and occurred following childbirth.

## COMMON MISCONCEPTIONS AND DIFFICULTIES

- The year and a day rule no longer applies. If a death is related to an unlawful, accidental or intentional injury or non-natural cause, it is reportable, no matter how long ago the original event occurred.
- Industrial diseases and employment deaths often have their counterpart in natural disease processes. Always consider very carefully the possibility of an employment connection, particularly with a respiratory illness or cancer. Refer to the death certificate book for a list of many of the industrial diseases. **Do not deprive a family of a legitimate claim for compensation by failure to report.**
- I regard it as inappropriate to rely on viewing the body after death to overcome the fact that the deceased was not seen within 14 days of death. At best this may help to rule out a violent death but will not assist in establishing the cause of death.
- Death due to alcoholism or smoking or sexually transmitted AIDS is not considered unnatural but please note that death due to the acute effects of alcohol is reportable.
- It is not a legal requirement for the certifying doctor to view the body before issuing a death certificate, but good practice nevertheless.
- Old age as the cause of death should be avoided unless entirely appropriate in all the circumstances (a gradual deterioration over a sustained period of time) and then only if the person is over 80.
- Some doctors confuse unnatural with unlawful; a death following a fall, choking on food or through the transfusion of infected blood is as unnatural as a death due to hanging, stabbing or gun shot wounds.
- Do not guess; you have a duty to report on the cause of death to the best of your knowledge, information and belief. Do not use the formula of Myocardial Infarction or Bronchopneumonia or Stroke, based on statistical likelihood rather than diagnosis.
- Families will be much assisted in avoiding unnecessary post mortems and delays if Doctors could plan strategically for their holidays and prolonged absences. If you have a patient who is expected to die while you are away, please ensure that a colleague attends the patient before your departure so that that doctor can issue a death certificate if your patient dies in your absence.
- If your patient has suffered a recent fracture or other significant injury then the death should be reported whether or not you believe that the cause of death was natural.
- **If before completion of the medical certificate as to cause of death you have cause to wonder whether the death should be reported, the answer is likely to be “yes”, because otherwise you would not have had the thought process!**

## **STILLBIRTHS**

Section 41 of the Births and Deaths Registration Act 1953 defines this as a child:

“which has issued forth from its mother after the twenty-fourth week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life”.

In recent years doctors have misclassified as a stillbirth a child who has shown a sign of life such as a heart beat. A heart beat no matter how transient and whether or not following resuscitation is a sign of life and such a child cannot be classified as a still birth.

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**SENIOR CORONER CHESHIRE**

## **ATTACHMENTS**

### **GMC Good Medical Practice Guide 2013**

1. You must be professional and compassionate when confirming and pronouncing death and must follow the law, and statutory codes of practice, governing completion of death and cremation certificates. If it is your responsibility to sign a death or cremation certificate, you should do so without unnecessary delay. If there is any information on the death certificate that those close to the patient may not know about, may not understand or may find distressing, you should explain it to them sensitively and answer their questions, taking account of the patient’s wishes if they are known.
2. You must comply with the legal requirements where you work for reporting deaths to a coroner (England, Wales and Northern Ireland) or procurator fiscal (Scotland). You should be prepared to answer questions from those close to the patient about reporting procedures and post-mortems, or to suggest other sources of information and advice.
3. You must treat the patient’s body with dignity and respect. You should make sure, wherever possible, that the body is handled in line with their personal religious or other beliefs.