Devon
Local Medical Committees

Confirming and Certifying Death – The Devon Policy

The Working Party Membership
(This policy has been agreed by those below and shared with the three Devon Coroners.)

- Dr Peter Jolliffe, Chief Officer, Devon LMCs (Chairman)
- Mr Brian Baggott, General Manager, Devon Doctors on Call
- Dr Charlie Daniels, Chairman, South Devon LMC
- Mr Doug Endean, Senior Nurse Registration, South & West Devon Health Authority
- Ms Stephanie Long, Nursing Home Registration and Inspection Team Manager, North & East Devon Health Authority
- Dr Bryan Pepper, North & East Devon LMC
- (Ms Faye Crawforth of South & West Devon Health Authority at the initial meeting only)

Background

In applying this policy it should be remembered that dealing with the death of a patient in a caring, compassionate and professional manner is often the last service that can be provided for an individual and may ease the suffering of those who are bereaved. The working party hope that all health professionals and others engaged in the care of patients either alive or dead will use these guidelines in that spirit.

Following meetings between the Chief Officer of Devon LMCs and Mr Richard Van Oppen, HM Coroner for the County of Devon (effectively excluding only Plymouth and Torbay), the LMC facilitated a meeting in November 1999 to be attended by representatives from the Nursing Homes Registrations Units of both Devon Health Authorities, Devon Doctors on Call and both LMCs. It was agreed that the strict legal position as outlined in a GPC paper from earlier in 1999 is correct in that English Law neither requires that a registered medical practitioner confirms that death has occurred nor imposes a statutory duty to report that fact. However there is a common law requirement on all persons, including medical practitioners, to report to the coroner. There is a requirement for a registered medical practitioner who attended a deceased patient during their last illness and within 14 days of the death to issue a certificate detailing the cause of death if they are aware of it.

Difficulties had arisen locally particularly in the area of deaths occurring in nursing and residential homes in out-of-hours periods and it was considered that ethical and moral issues should also be given some attention along with matters of strict legality. The Group drew upon the policy agreed in Cornwall and the Isles of Scilly and also upon a paper published by the South Devon Healthcare Trust in 1998 on the Verification of Expected Death by Registered Nurses – Guidelines. Faye Crawforth, who was at that time a member of the Nursing Homes Registration Unit for South & West Devon Health Authority, updated these guidelines following our meeting.

The Policy

1. **<u>Unexpected (“sudden”) Deaths</u>**

If a general practitioner or their deputy is contacted in or out-of-hours regarding the sudden death of a registered patient in their own home, residential or nursing home he should attend to confirm death and report the death to the Coroner either personally or via the police.

In any other circumstances (for example where a body has been found in a public place) it is usually wise, and especially in the case of a deputy, to decline to attend at the request of the police or the ambulance service and advise them that the services of a retained police surgeon be obtained by the caller (see Police Surgeon Policy – in production). In the event of being contacted by an ordinary member of the public or particularly by a relative it is sensible to attend, but before attending, to ensure that the police have already been notified. If you arrive before the police you should merely ascertain that life is extinct and that attempts at resuscitation are not called for and then refrain from further disturbing the scene. Note that if there is any uncertainty as to whether life is extinct then GP attendance should be made as a matter of urgency and ensure that the Ambulance Service have been contacted. However, where there is no uncertainty the urgent needs of living patients should take priority.

2. Expected Deaths

An expected death can be defined as: *"a death where the patient's demise is anticipated in the near future and that the doctor will be able to issue a medical certificate as to the cause of death (ie the doctor will have seen the patient within the last 14 days before the death). This information should be shared with the nearest of kin or other responsible parties." The "usual GP" should indicate in records maintained by the home or Community Hospital that the patient's condition is life threatening.*

The majority of expected deaths will occur in hospital, the patient's home, or in a residential or nursing home. (For GP purposes the only relevant hospitals are Community Hospitals as Acute or District General Hospitals are served by hospital doctors.) Patients' relatives will be advised of the policy by the appropriate nurse.

2.1 For a death at home a GP should normally attend as soon as the urgent needs of living patients permit, and particularly when relatives are at the scene.

2.2 In a residential or nursing home and in Community Hospitals and "in-hours", if the GP who has attended the patient in their last illness is available they should attend as soon as practicable and confirm death. If it is out-of-hours and/or the "usual GP" is unavailable then the fact of death should be verified by a nurse qualified to do so under the terms of the Agreed Verification of Expected Death by Registered Nurses Guidelines (Appendix 1) if such a nurse is available. This may not be the case in residential homes but should be the case in nursing homes and Community Hospitals. However, if relatives are present and wish to see a doctor then the duty doctor should attend as in 2.1.

2.3 Where a qualified nurse is not available to verify death then a doctor should attend as soon as practicable given the urgent needs of their living patients. If death has occurred at a nursing home under these circumstances then the managers of the home will be encouraged by the relevant Nursing Homes Registration Unit to ensure that sufficient nurses are given any additional training they would require to be qualified to verify death.

2.4 Where an expected death as defined above has occurred and it has been verified then the body may be removed following discussion and agreement with the next of kin or other relevant parties to a recognised nearby Chapel of Rest within the jurisdiction of the relevant HM Coroner and also at a location convenient to the "usual GP". This should ideally be agreed in advance of the event. The information faxed, or otherwise given to the "usual GP" must give all the relevant details including the time, place and date of death with the name and qualifications of the person confirming death. The "usual GP" should issue the death certificate on the next working day. Note that it is possible for a patient who is expected to die from a known cause to die from something completely unrelated (eg a fall or other injury) and under those circumstances the duty doctor should visit and consider a referral to the Coroner if it is appropriate.

2.5 There will be occasions when the "usual GP" is unavailable owing to circumstances such as illness or annual leave, and it is strongly recommended that where there is a patient who is expected to die they should be formally handed over to a partner or deputy so that they would be in a position to issue a death certificate if required. Where there is no GP who may legally issue a death certificate then reference must be made to the Coroner either directly or via the police, and the body should not be removed until after such contact.

2.6 Nursing homes are required by Law to provide details of the cause of death and the death certificate number within a reasonable time. Practices should expect to be contacted for these details.

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Guidance on Verification of Death

An expected death can be presumed where the patient's demise is anticipated within the near future, and the doctor will be able to issue a medical certificate as to the cause of death (i.e. the Doctor has seen the patient in the last 14 days before the death). This information should be shared with significant family.

Is the Death Expected? (Note2)

Yes → Family to be advised of procedures

No → Duty Doctor to Visit

Family to be advised of procedures → Is family present and wishing to see a doctor

Is family present and wishing to see a doctor

Yes → Duty Doctor to Visit

No → Is there a competent person to verify death has occurred?

Is there a competent person to verify death has occurred?

No → Duty Doctor to Visit

Yes → Is mode of death as expected? (Note 2.4)

Is mode of death as expected? (Note 2.4)

No → Duty Doctor to Visit

Yes → Verify Death / Maintain Record / Inform Doctor at Appropriate Time

Duty Doctor to Visit → Consider not moving until own GP available again; Refer to Coroner

Consider not moving until own GP available again → If delay consider verification

If delay consider verification

Yes → Verify Death / Maintain Record / Inform Doctor at Appropriate Time

No → Refer to Coroner

- ❖ Verify Death
- ❖ Maintain Record
- ❖ Inform Doctor at Appropriate Time

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- ❖ Inform Doctor if ultimately to be moved outside district
- ❖ Move to local Chapel of Rest