

Brief summary of potential matters of interest for GPs

On 30 June 2017 Mr Michael Singleton, Coroner for Blackburn and Darwen, retired. The jurisdiction is proposed to be merged in early December 2017 with that of Preston and West Lancashire and, at the same time the East Lancashire jurisdiction will also be assimilated. As you will appreciate, there can only be one set of procedures in a single jurisdiction. The following appear to be the principal issues regarding how the changes will affect working practices.

Referral criteria

Previously in Blackburn and Darwen there have been a number of local reporting criteria. The Chief Coroner gave guidance in 2016 that states unless a death falls within one of the following criteria it should not be reported to the Coroner:

- the cause of death is unknown
- the deceased, although treated by the certifying doctor in their last illness, was not seen by the certifying doctor **either** after death **or** within 14 days before death
- the death was violent or suspicious
- the death was unnatural
- the death may be due to an accident (whenever it occurred)
- the death may be due to self-neglect or neglect by others
- the death may be due to an industrial disease or related to the deceased's employment
- the death may be due to an abortion
- the death occurred during an operation or before recovery from the effects of an anaesthetic
- the death may be a suicide
- the death occurred during or shortly after detention in police or prison custody

With regards to referrals in respect of "the cause of death is unknown" all clinicians should bear in mind that the test for completing a Medical Certificate as to Cause of Death (MCCD - colloquially referred to as a "death certificate") is not diagnostic certainty or that the clinician is sure or that the clinician knows on the balance of probability what is the cause of death. The test the clinician should apply is "**to the best of their knowledge and belief**". This has been interpreted by the defence organisations to be the test of "**so far as the clinician is aware**".

This test is relatively easy to fulfil and the death should not be referred simply because a clinician isn't sure as to which malfunctioning organ system caused the death. With regard to deaths that are "unnatural", this is similar to those deaths that have "concerning features". Deaths should not be referred by clinicians because the clinician wants to "check" that the Coroner would not be interested. If the death is being referred by the clinician, it is being referred because there is some unnatural feature or features about the death.

There is no longer any need to report the following:

- Deaths due to lung cancer (unless there is reason to believe that the lung cancer was caused by industrial disease)
- Child deaths
- DoLs deaths (Deprivation of Liberty)
- Deaths due to the chronic use of alcohol
- Deaths occurring within 24 hours of admission

As you are aware, involvement of the Coroner should only occur where there is something to potentially investigate. Unnecessary involvement of the Coroner, is distressing for families.

Certification of deaths

Nurse practitioners deliver core elements of patient care that previously would have been delivered by a doctor. However, only a doctor can certify a cause of death. "Certification" is viewed by the courts very strictly and there are criminal penalties for falsely certifying a death, for example not having seen the deceased after death but claiming to have done so.

As stated above, a GP has to have seen the deceased in their last illness to certify the death. Then, the GP either has to have seen them within 14 days or seen the body after death. It is quite understood that it is problematic for general practitioners to view bodies after death.

If the GP has treated the deceased in their last illness, however long ago, they can provide a Medical Certificate as to Cause of Death (MCCD - colloquially referred to as a "death certificate") but cannot issue a certificate acceptable to the Registrar of Births Marriages and Deaths because they have not seen the deceased within 14 days or viewed the body after death. In this case, the doctor should discuss the matter with the Coroner's officer and in most cases Coroner will issue a certificate to ensure that the Registrar accepts the doctor's MCCD.

The situation normally arises where it is quite obvious what a patient has died from but the only attending GP is currently abroad. In this case, a GP who is able to give a cause of death and describe the underlying illness causing the death and other diseases contributing to the death should speak to the Coroner's officer. The Coroner's officer will speak to the family and if there are no concerns the Coroner will hear an inquest without witnesses and the death will be registered.

Faith deaths

Certain faiths require the funeral to take place as soon as possible, subject to the laws of the land in which the death takes place. With regard to out of hours deaths on weekends or bank holidays the Coroner will introduce a protocol to establish Muslim Burial Society's for faith groups. This will seek to ensure that minimal disruption occurs the doctors. Once the protocol has been agreed it will be circulated through the practice managers.