

When a Patient Dies

Dr John Potter

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Developing people

for health and

healthcare

www.hee.nhs.uk

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When a Patient Dies

- Confirming death
- Talking to relatives
- Reporting to the coroner
- Death Certification
- Cremation Forms

Confirming Death

- No respiratory effort
at least one minute
- No Cardiac output
pulse
heart sounds
- Fixed and dilated pupils - *unreliable*

After Confirming Death

Record confirmation of death in the medical notes

- List examination undertaking
- Time and date of death
- Signature (legible) and bleep number

After Confirming Death (2)

- If you think the death should be reported to the Coroner **ALWAYS** speak to a consultant or SpR first.
- Record in the notes when a death has been reported to the coroner

Talking to Relatives

- Usually advisable to be accompanied by a nurse
- Be considerate and sympathetic
- Explain clearly – avoid technical terms
- Check that you have been understood
- If the death is being reported to the Coroner the implications need to be conveyed with tact

Talking to Relatives (2)

Registering the death, collection of personal belongings etc.

- Done best by the nursing staff
- Leaflets available

Any questions answer honestly

Ask if they would like anything else

- A drink
- To speak to a priest

The Coroner

- Appointed by county authorities
 - To find the medical cause of death if unknown
 - To enquire into unnatural deaths
- Registered lawyers / doctors
- Assisted by a team of officers who investigate on their behalf.
- Often former police officers, NHS managers or former members of the legal profession.

The Coroner (2)

- Once a death is reported to the Coroner, the Registrar of deaths is unable to register the death until the Coroner's inquiry is completed.
- 12% of deaths result in an inquest
- Telephone number available on ward or from mortuary

When to refer to the Coroner

- Patient not seen by a doctor within 14 days prior to death
- Cause of death unknown
- Violent, unnatural or suspicious death
- Accident
- Poisoning
- Drug dependence, misuse or overdose
- Suicide
- Self Neglect

When to refer to the Coroner (2)

- Deaths within 24 hours of admission
- During an operation or before recovery from the effect of anaesthetics
- Following any medical procedure due to an abortion
- Industrial disease / related to employment
- In police custody
- Detained under the mental health act

Issuing a medical certificate of cause of death

- Legal duty

A doctor must have made a diagnosis prior to death and be satisfied that no other condition or event, that is not a natural disease, has contributed significantly to the death. The doctor has expected the death to occur roughly when it did and be satisfied that the mode and circumstances of the death are compatible with the diagnosis.

Death Certification

- Complete all the boxes
(remember the second side of the form)
- Use capital letters
- No abbreviations
- No vague phrases
- Be as accurate as possible
- Sign the certificate AND print your name / GMC number next to your signature

Useful Links

<http://www.e-lfh.org.uk/home/>

http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_certification_post-mortems_and_referral.asp

<http://www.justice.gov.uk/downloads/burials-and-coroners/cremations/cremation-doctors-guidance.pdf>

http://www.gro.gov.uk/images/medcert_July_2010.pdf

<https://www.gov.uk/government/publications/death-certification-reforms>

<https://www.gov.uk/after-a-death/register-the-death>

Terms to use with care

- Septicaemia
- Organ failure e.g. CCF, Renal failure
- Old Age
- Cardiac arrest
- Cerebrovascular accident
- Carcinomatosis

George Lewis – DOB 17.11.29

PMH: COPD – ex smoker

IHD – MI 2003

CCF

DM

Admitted to AAU 13th September at 4:15pm

3 day history of increasing dyspnoea, cough
productive of purulent sputum.

O/E:

Temp

37.7° C

RR 24

Central cyanosis + (O₂ sat.87%)

BP

110/70

PR

Irregular

JVP↑

(difficult to assess)

Oedema to mid calf

Chest

emphysematous

basal crackles R>L

Investigations

A Blood gases pH 7.26 pO₂ 5.4 pCO₂ 8.7

Hb 16.7 WBC 16 CRP 87

Urea 10.6 Creatinine 154

ECG AF, LBBB

CXR over inflated lung fields

bulky right hilum

patchy shadowing right lower

zone

Admitted to HDU
for NIPPV

+ nebulisers

+ steroids

+ i/v antibiotics

Died 14th September at 2:20pm

Death certificate for G Lewis

- 1a Bronchopneumonia
- 1b Chronic obstructive pulmonary disease
- II Ischaemic heart disease
Diabetes mellitus

(after discussion with Coroners office)

Cremation Forms

- 70% of deaths are followed by cremation
- 1 in 4 forms are completed incorrectly
- Part 3 – completed by the doctor who writes the death certificate
- If any doubt refer to the Coroner for advice
– speak to a consultant or SpR first
- A fee is paid for this certification

Cremation Forms (2)

- Part 3
 - Completed by a second independent doctor, full registration for at least 5 years
 - Must discuss case with first doctor
 - Examine the body and agree with the cause of death

Summary

- Confirming death
- Talking to relatives – being considerate
- Reporting to the Coroner
- Certifying death and issuing a death certificate
- Cremation forms (sensible, accurate completion)