Referral to the Coroner for possible inquest

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From 1st October 2019 there is a legal duty on all doctors to ensure that all patients that require coroner's inquest are referred for consideration. Whilst the ultimate responsibility lies with the named consultant looking after patient, trainee medical staff may also be held responsible in law if a case is not referred when it should have.

All patients who die on critical care must be discussed with a consultant to determine if there is an indication for coroner's referral, or to decide on the wording of the death certificate (the Medical Certification of Causes of Death – MCCD). This should ideally happen either when the decision is taken to withdraw active treatment or immediately after death. At the latest this discussion should be undertaken by the daily bereavement coordinator (a trainee doctor) at the next working day's MDT meeting. It is especially important that patients who die within a few hours of critical care admission have their cases discussed while the doctors who attended them are still present. **Please also remember to discuss and complete the hospital Stage 1 M&M form at the same time (see separate SOP)**

Death certificates can usually only be issued by a doctor who saw the patient during their final illness and within 14 days of death. Death certificates must be issued and the death registered within 5 days if no inquest is being held.

Please note that under the **Coronavirus act April 2020** the time period in which a practitioner can see the patient has been extended to 28 days and includes video but not telephone consultations. The Act also allows the use of electronic certification and even the issuing of a death certificate in some circumstances even if the patient has not been seen within 28 days. These however are exceptional circumstances and the expectation is that the previous arrangements will be reinstated when the Coronavirus act expires.

Coroner's referrals must be made by sending a completed copy of the electronic form from the generic Critical Care Trainees' email account to the following addresses:

Bereavements.UHW@wales.nhs.uk
Cavcriticalcare.Admin@wales.nhs.uk
Susan.quinn@wales.nhs.uk
Diane.Thomas8@wales.nhs.uk
Virginia.Howells@wales.nhs.uk
Bernice.Wheeler@wales.nhs.uk

The admitting consultant (defined as the one who saw the patient first) should be listed on the form as the "responsible consultant". The names of all other CC and specialty consultants

who saw the patient in the last 14 days of life, or had major involvement before, should also be given on the referral.

You should note that hospital admission <24 hours or recent medical procedures no longer mandate coroner's referral if none of the criteria below are met.

Current indications for coroner's referral:

- **Poisoning** – deliberate or accidental, including with usually benign substances e.g. salt or water. Deaths due to acute alcohol poisoning should be reported but chronic alcohol / cigarette effects do not need to be.
- **Death due to medicinal or psychoactive drug including controlled and recreational drugs**
- **Death due to violence, trauma or injury.** Excludes falls that did not cause to death.
- **Death due to self harm** e.g. suicide
- **Death due to neglect or self neglect** (inadequate nutrition, hydration, shelter / warmth or medical care). Includes natural deaths which could have been prevented. Self neglect excludes documented, reasonable, informed refusal of treatment and self neglect due to other diseases e.g. dementia. Note that neglect by others of dementia patients is still reportable. Chronic alcohol / smoking does not constitute reportable self neglect.
- **Death due to any treatment or medical procedure** – includes unexpected deaths, errors, recognised complications, hospital acquired infections (including Covid) and delayed diagnoses. As stated above being in hospital <24 hours or having procedures that did not cause or contribute to death are no longer indications for referral.
- **Death due to injury or disease attributable to employment at any stage of life (NB: this may include Covid)**
- **Any unnatural death not covered by any other indication**
- **Death in custody or state detention –** including inpatients on mental health sections but excluding DoLs.
- **Unknown cause of death –** after reasonable discussion with colleagues and medical examiner if available.
- **No medical practitioner available to sign certificate**
- **Identity of person unknown**
- **Death before recovery from anaesthetic**
- **Death from notifiable disease (note Covid is not included in this)**
- **Death related to abortion, miscarriage or termination**
- **Death or illness arising shortly after being in contact with the police**

Audit standards:

1. **100% of cases to be discussed with consultant**
2. **100% of cases with an indication to be referred to coroner by the end of the first working day after death**
3. **100% of patients to have correct admitting consultant identified**
4. **100% of death certificates to be issued by the end of the first working day after death (if not referred to coroner)**
5. **100% of cases to have a completed hospital M&M form**