

**GUIDELINES FOR HOSPITAL DOCTORS**

**ON REPORTING DEATHS**

**TO HER MAJESTY'S CORONER**

If the Medical Officer who has been in attendance on the patient is sure of the cause of death and it is natural he should complete a Death Certificate and need not report the case to the Coroner. If there is any doubt whatsoever regarding the cause of death, the case must be reported to Her Majesty's Coroner.

Deaths are reportable to the Coroner if they are sudden and unexpected, or if the doctor is uncertain of the cause of death, or if it has been caused as a result of an accident or unusual circumstances.

In no circumstances must relatives be offered the option of agreeing to allow a hospital post mortem to be performed as an alternative to reporting the death to Her Majesty's Coroner.

Deaths in the following circumstances must be reported to the Coroner:-

1. ABORTION                      If the death is linked with an abortion.
2. ACCIDENTS                      If in any way it is thought that an accident may have contributed to the death.
3. ALCOHOLISM                      Acute alcoholic poisoning.
4. ANAESTHETIC DEATHS                      Whether a patient dies during a procedure or afterwards, irrespective of the length of time involved after anaesthesia, e.g. a cerebral anoxia case dying 6 months later. If you are in any doubt, report the case to the Coroner.
5. BLOOD TRANSFUSIONS                      Deaths thought to be due to a blood transfusion.

6. COMPLAINTS If there is any suggestion that the relatives of the deceased are dissatisfied for any reason (this may be a valuable safeguard for the doctor in attendance).
7. DELAY IN DIAGNOSIS If there is any possible delay in making a correct diagnosis, the death should be reported to the Coroner, e.g. meningitis
8. DRUGS Deaths thought to be due to any drug, whether therapeutic or related to any form of abuse, including overdose, reaction, poisoning or addiction. Deaths related to solvent abuse.
9. FALLS & FRACTURES  
(including pathological fractures) All deaths after a fall or a fracture which occurred in the last 3 months, and all deaths where there have been older fractures or falls unless they were clearly unrelated to the cause of death.
10. HOSPITAL-ACQUIRED INFECTION – RELATED DEATHS Deaths should be reported if a hospital-acquired infection, eg. MRSA, Clostridium Difficile etc, is contracted by the patient whilst in hospital, and the infection is a contributory factor in the cause of death.
11. HOSPITAL DEATHS If the doctor in attendance considers that there is any possibility for serious complaint about the treatment or otherwise of the deceased, he should ensure the fact is mentioned in his report to the Coroner, who will decide if the body should be removed to a place for a post mortem other than the hospital in which the patient died.

If the death is related to a medical procedure or treatment, whether invasive or not.

All deaths within 24 hours of (a) admission  
(b) anaesthetic  
(c) discharge from hospital

All alleged medical or nursing mishaps or if you have any reason to believe that such an allegation has been, or is likely to be, made against any member of hospital staff.

For example:- where death occurs before a diagnosis is established, or where some event occurs which is unexpected and in which the doctor may think the death is not entirely natural, eg. surgical complications post anaesthetic, anaesthetic complications, or a fall from a bed or trolley.

Please note:- Deaths due to properly performed procedures are likely to be considered natural but are still reportable

12. INDUSTRIAL DISEASES & DEATHS RELATED TO OCCUPATION Deaths associated with industrial exposure, e.g. asbestosis, or suspected mesotheliomas, pneumoconiosis, or any prescribed diseases or deaths which are thought to be due to any new unscheduled industrial substance must be reported to the Coroner.
13. IN POLICE CUSTODY/ VOLUNTARY ATTENDANCE AT A POLICE STATION If the death has occurred whilst in police custody or prison, or after recent contact with a police station or prison.
14. INVESTIGATORY PROCEDURES All deaths related to investigatory procedures, e.g. ECT, IVP, biopsy, CV lines, cardiac procedures, endoscopy etc.
15. MENTAL PATIENTS Deaths where the deceased was detained under the Mental Health Act 1983.
16. OPERATIONS If the death occurs within 14 days of an operation it must be reported to Her Majesty's Coroner. If it is thought that the operation caused, accelerated or in any way contributed to the death, then it must be reported to the Coroner, irrespective of when it took place. If the operation has been performed for an injury, irrespective of how it was caused please report the death to the Coroner.
17. SERVICE & DISABILITY PENSIONERS Where the deceased was receiving any form of War Pension or Industrial Disability Pension, unless the death can be shown to be WHOLLY unconnected.
18. STILLBIRTHS/ INFANT AND MATERNAL DEATHS . Where there is any doubt whether the child was born alive, or obscure, neonate and infant deaths. Maternal deaths whilst pregnant, or within 40 days of termination of pregnancy.
19. VIOLENT OR UNNATURAL DEATHS If there is the slightest suspicion regarding the circumstances of the death, including violence or the possibility of an unnatural death, it must be reported to the Coroner, e.g. want, exposure or neglect/self-neglect, hypothermia, self injury etc.

Please remember

1. If the doctor in attendance requires assistance in knowing whether to report the death to the Coroner, please speak to me personally.
2. Please have the notes with you when you call.
3. I can in many circumstances support a death certificate with a Form A (where I notify the Registrar of Deaths that the case has been reported to me but it is unnecessary to perform a post mortem examination) which will overcome problems with cremation and registration of the death.

Rachel Redman  
H M Coroner

09.05.2013

**Contact Details**

**Rachel Redman – H M Coroner Central & South East Kent**  
Office No: 01622 820412

**Coroner's Officers**  
**The Police Station**  
**Tufton Street**  
**Ashford**  
**TN23 1BT**

**Adam Trewerne**  
Office No. 01233 896171 (Folkestone)  
Mobile No. 07879481594

**Bryant Hale**  
Office No. 01233 896242 (Ashford)  
Mobile No. 07876356620

**Marion Hale**  
Office No. 01233 896172 (Dover/Faversham)  
Mobile No. 07740185247

CHECKLIST FOR HOSPITAL DOCTORS  
DEATHS TO BE REPORTED TO THE CORONER

1. Uncertain cause of death.
2. Not natural causes.
3. Death within 24 hours of admission  
any procedure including investigatory procedure  
anaesthetic  
discharge from hospital
4. Within 14 days of an operation.
5. Falls and fractures in the last 3 months.
6. Delay in diagnosis.
7. Where death may be due to a medical treatment or procedure.
8. Abortion / Maternal death.
9. Death due to deceased's actions, e.g. overdose, self-injury, solvent abuse.
10. Any allegation of medication mismanagement/complaint.
11. Deaths due to industrial disease/occupation or war/industrial disability pensioner.
12. Neonate and infant deaths.
13. Suspicious circumstances, e.g. violence, accident, neglect.