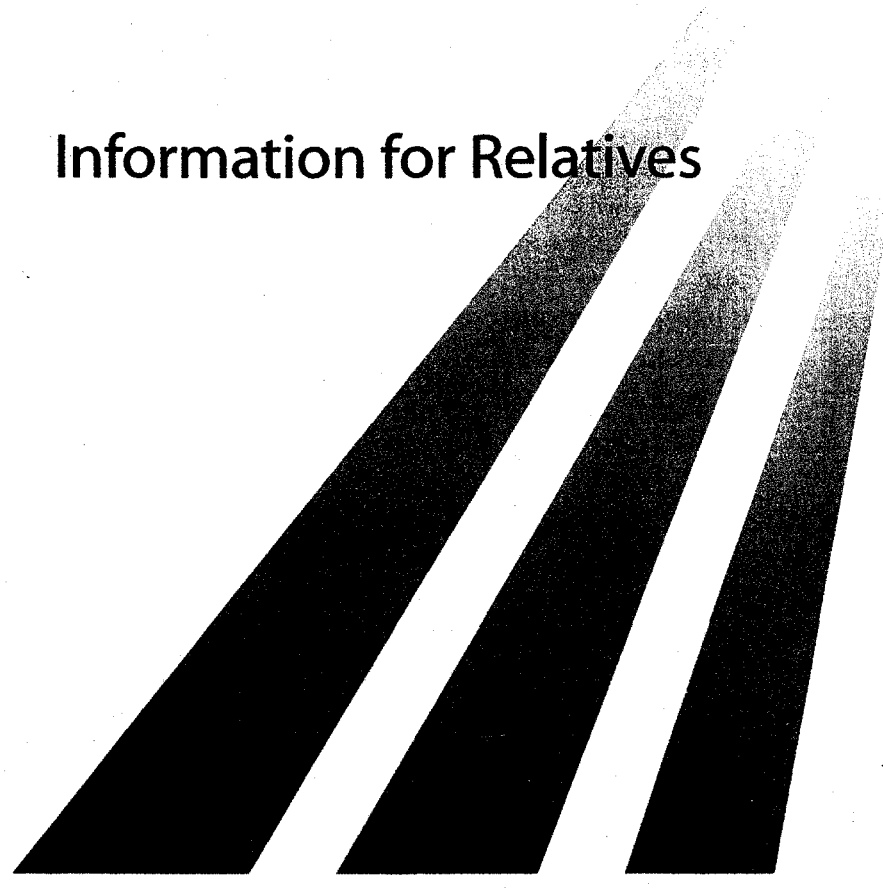


Portsmouth Hospitals **NHS**  
NHS Trust

# Post-Mortem

Information for Relatives



**A death should be referred to the coroner if:**

- the cause of death is unknown
- the deceased was not seen by the certifying doctor either after death or within the 14 days before death
- the death was violent or unnatural or suspicious
- 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.

**Statements which imply a mode of dying rather than an underlying cause of death:**

- |                 |                     |
|-----------------|---------------------|
| Asphyxia        | Hepatorenal failure |
| Asthenia        | Kidney failure      |
| Brain failure   | Liver failure       |
| Cachexia        | Renal failure       |
| Cardiac arrest  | Respiratory arrest  |
| Cardiac failure | Shock               |
| Coma            | Syncope             |
| Debility        | Uraemia             |
| Exhaustion      | Vagal inhibition    |
| Heart failure   | Vasovagal attack    |
| Hepatic failure | Ventricular failure |

The use of the qualification 'acute' or 'chronic' will *not* make these terms acceptable as the sole cause of death.



## Reportable Deaths to Coroners Officer

1. Violent Deaths and Suspicious Deaths.
2. Abortions Not due to Natural Causes
3. Sudden Infant Deaths
4. Accidental Deaths, Road Traffic Accidents, Accidents at Home/Work
5. Alcoholic Deaths (medical death cert can be issued)
6. Industrial Diseases (Asbestos Exposure etc)
7. Suicides
8. Where an accident has occurred in the last 12 months
9. Has had Surgery within the last 12 months.
10. Has died within 24 hours of admission to Hospital
11. Self Neglect
12. Deaths Incustody, Prison or Police Cells etc
13. Any case where the cause of death is unknown
14. Any other case where a Doctor feels they should seek advice from  
the Coroners Officer
15. Deaths that fall outside the Home Office 14 day guide-line
16. Cases where the deceased person is being brought into the UK or  
being removed from the UK.



1 July 1997

Dear Doctor,

## Completion of the medical certificate of cause of death

Prompt and accurate certification of death is essential. It provides legal evidence of the fact and the cause(s) of death, thus enabling the death to be formally registered: the family can then make arrangements for disposal of the body. Death certification also provides the raw data from which all mortality statistics are derived. These are vital for public health surveillance, for resource allocation in the NHS, and for a wide range of research - and thus ultimately for improving the health of the population.

About three-quarters of the 580,000 deaths in England and Wales each year are certified by a doctor, and the remainder by a coroner<sup>1</sup>.

### ***The role of the doctor***

If you are the attending doctor during the last illness of a person who dies, you have a statutory duty<sup>2</sup> to issue a medical certificate of the cause of death (death certificate). Conversely, if you did not attend the deceased during his or her last illness, you *must not* complete the death certificate.

You must state the cause(s) of death on the certificate to the best of your knowledge and belief. You have a duty to deliver the death certificate to the registrar of births and deaths: in practice, the certificate is often given to a relative of the deceased, then handed to the registrar by the relative (or other informant) who visits the register office to have the death registered.

### ***The role of the registrar of births and deaths***

The registrar has a statutory duty<sup>3</sup> to transcribe the cause(s) of death from the death certificate to the official register, nowadays usually a computer

database, and to send this information to the Office for National Statistics (previously the Office of Population Censuses and Surveys). It is then coded automatically<sup>4</sup> and incorporated into national mortality statistics. The registrar must also obtain other information from the person who comes to register the death, such as the occupation and place of birth of the deceased. Finally, the registrar has a legal obligation to refer certain deaths to the coroner (see below).

### ***The role of the coroner***

The coroner is an independent judicial officer of the Crown who has a statutory duty<sup>5</sup> to investigate the circumstances of certain categories of death for the protection of the public. Thus: "*Where a coroner is informed that the body of a person ('the deceased') is lying within his district and there is reasonable cause to suspect that the deceased (a) has died a violent or an unnatural death; (b) has died a sudden death of which the cause is unknown; (c) has died in prison or in such a place or in such circumstances as to require an inquest under any other Act, then ... the coroner shall as soon as practicable hold an inquest into the death of the deceased ...*".

In fact, the coroner only holds an inquest for some 12% of the deaths he certifies. Coroners often use their discretion<sup>6</sup> to decide that a post-mortem alone provides sufficient evidence of the cause of a sudden death: diseases of the circulatory system account for three-quarters of these deaths<sup>7</sup>. Deaths from accident, poisoning, violence or in prison or police custody are subject to inquest. When the coroner does hold an inquest, he will issue a verdict on the manner of death (eg accident, suicide) as well as certifying the cause(s) of death.



## HOSPITAL POST MORTEM CONSENT FORM

I do not object to a post mortem examination being carried out on the body of ..... and I am not aware that he/she had expressed objection or that another relative objects. The purpose of the post mortem examination has been explained to me by .....

My consent covers the following categories: (Please state YES or NO for each category)	<u>YES</u>	<u>NO</u>
1. Full post mortem examination to verify the cause of death, identify other disease processes and to study the effects of treatment, which may involve the retention of tissue and/or whole organs for laboratory study.		
2. I consent to a full post mortem examination as in part 1 and but with retention of only the following tissue/organs* ..... ..... if required for research or medical education. I understand that this may limit the information obtained from the post mortem examination and may prevent a diagnosis being reached by the Pathologist. *Please specify organs.		
3. Post mortem examination only. I refuse permission for any tissue or organs to be retained. I understand that this may limit the information obtained from the post mortem examination and may prevent a diagnosis being reached by the Pathologist.		
4. Limited post mortem examination of the following areas to try to verify the cause of death and effects of treatment:  Head / Central nervous system ..... Chest ..... Abdomen and pelvis ..... Tissue may be retained ..... Organs may be retained .....  I understand that this may limit the information available from the post mortem examination and may prevent a diagnosis being reached by the Pathologist		
5. External examination only		
For those who have answered YES to parts 1,2 or 4: A) I wish any organs to be returned to me for privately arranged burial or cremation  B) I wish the hospital to dispose of the organs by an appropriate and seemly method.		

Signed..... Print Name .....

Date..... Relationship to deceased.....

Witnessed by..... Print Name..... Date.....

Continued over

Hospital	Ward, Address or Dept.	<b>SURNAME: Block Letters</b>	
<b>Sex:M/F</b>	<b>Prev Tests YES/NO</b>	<b>First Names:</b>	
<b>Dr. or Mr.</b>		<b>Date of Birth:</b>	<b>Hospital No:</b>

1. Date admitted.....
2. Date of death.....
3. Complaining of.....  
.....
4. Duration of complaint.....
5. Clinical diagnosis.....  
.....
6. Supporting investigations.....  
.....
7. Operations with dates.....  
.....
8. Any special points requiring PM investigation.....  
.....
9. Any risk of infectious disease.....
10. Names and Bleep number of doctors requiring to view PM findings.....  
.....