
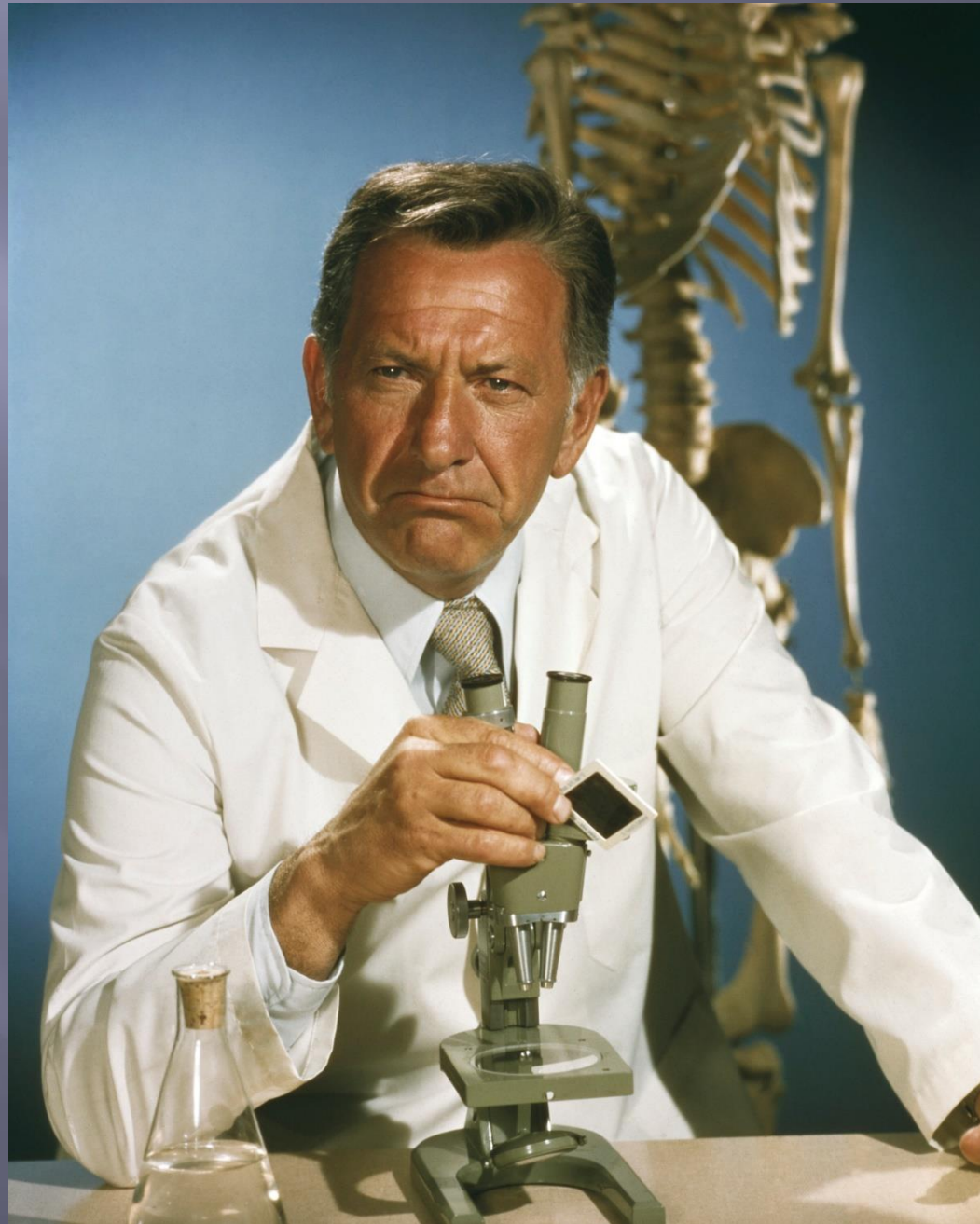


- 
- A. Retired Blackpool Hospital pathologist
  - B. Nobel prize winner for science
  - C. Fictional character.





Dr M Brack Consultant cardiologist

Dr M Davidson Consultant palliative care

Dr T Gulfam Consultant endocrinology, HOD AMU

Mr J Heath Consultant surgeon

Dr A Kearns Consultant emergency medicine

Dr M Martin GP, Highfield surgery.

Medical examiners officers

Debbie Marshall Lead MEO

Debra Brearton

Paula Dimery

Karla Mould

Sarah Wignall



## Shipmen Inquiry chaired by Dame Janet Smith

In January 2000, GP Harold Shipman was convicted of murdering 15 of his patients. It is likely that he killed over 200. Harold Shipman signed the death certificates of the patients he murdered.

The inquiry pointed out it is unsafe to have a single doctor certifying that a death is due to natural causes with no independent scrutiny.



## Mid Staffordshire Inquiry, Sir Robert Francis QC 2013.

The inquiry heard evidence that suggested that the cause of death included in certificates relating to deaths occurring at the trust were often inaccurate or incomplete.

“Such deficiencies are unacceptable because they mislead the family of the deceased and the coroner”.

## Morecambe Bay Investigation Dr Bill Kirkup CBE, 2015.

The investigation found 20 instances of significant failures of care at Furness General Hospital, associated with three maternal deaths and the deaths of 16 babies at or shortly after birth.

Different clinical care would have expected to prevent the outcome in one maternal death and the deaths of 11 babies.

The report called for the immediate introduction of Medical Examiners.

Improve safeguards for the public by providing robust independent scrutiny.

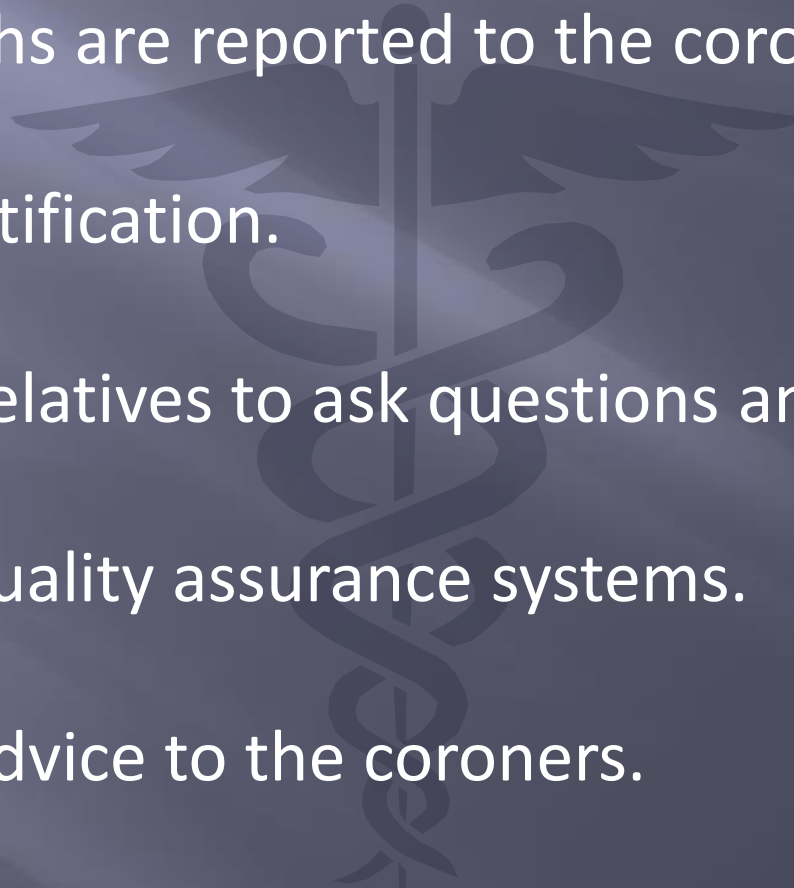
Ensure that the right deaths are reported to the coroner.

Improve the quality of certification.

Offer an opportunity for relatives to ask questions and raise concerns.

Feed information to the quality assurance systems.

Provide general medical advice to the coroners.



# MEDICAL EXAMINERS



Friend or Foe

Nursing Times 2019.



MEs are neither friend or foe. In Trusts with good governance MEs will not expect to uncover new problems at such a late stage.

Staff must be aware that MEs will report problems.

If necessary, they may also stop the certification and release of a body, and report a death to the coroner, who may follow up with an inquest.

## Implications for health care professionals

Medical examiners look at the quality of many aspects of clinical management, especially treatment and care delivered by any registered staff.

They may look at patient records, charts, care plans, investigation results.

Concerns expressed by relatives may lead MEs to focus on certain aspects of care, such as drug administration or nutrition.

Although employers will continue to investigate poor standards all health professionals must recognise the legal role of MEs.

The process for certifying death has changed little since the nineteenth century.

The certification of death is usually delegated to junior doctors and is often not done well.

There is evidence that up to ten percent of death certificates are completed to a poor standard and just over half (55%) could be improved.

Recent ONS data found that if a certificate is checked by a Medical Examiner The underlying cause of death is recorded differently in 22% cases.

**BIRTHS AND DEATHS REGISTRATION ACT 1953**  
(Form prescribed by the Registrar of Births and Deaths Regulations 1987)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him forthwith to the Registrar of Births and Deaths.

Registrar to enter  
No. of Death Entry

Name of deceased .....  
Date of death as stated to me ..... day of ..... Age as stated to me .....  
Place of death .....  
Last seen alive by me ..... day of .....

- |   |  |   |   |   |
|---|--|---|---|---|
| 1 | The certified cause of death takes account of information obtained from post-mortem.   | } Please ring appropriate digit(s) and letter | a | Seen after death by me.   |
| 2 | Information from post-mortem may be available later.                                   |   | b | Seen after death by another medical practitioner but not by me. |
| 3 | Post-mortem not being held.  |   | c | Not seen after death by a medical practitioner.                 |
| 4 | I have reported this death to the Coroner for further action.<br><i>[See overleaf]</i> |   |   |   |

**CAUSE OF DEATH**  
*The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.*

I (a) Disease or condition directly leading to death† .....

(b) Other disease or condition, if any, leading to I(a) .....

(c) Other disease or condition, if any, leading to I(b) .....

II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it. ....

*These particulars not to be entered in death register*

Approximate interval between onset and death

.....

.....

.....

.....

The death might have been due to or contributed to by the employment followed at some time by the deceased.  Please tick where applicable

*†This does not mean the mode of dying, such as heart failure, asphyxia, aethenia, etc: it means the disease, injury, or complication which caused death.*

I hereby certify that I was in medical attendance during the above named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature ..... Qualifications as registered by General Medical Council }  
Residence ..... Date .....

For deaths in hospital: Please give the name of the consultant responsible for the above-named as a patient .....



Ia Intraperitoneal haemorrhage

Ib Ruptured metastatic deposit in liver

1c primary adenocarcinoma of ascending colon

II Non-insulin dependent diabetes mellitus

Ia. Cardiorespiratory failure

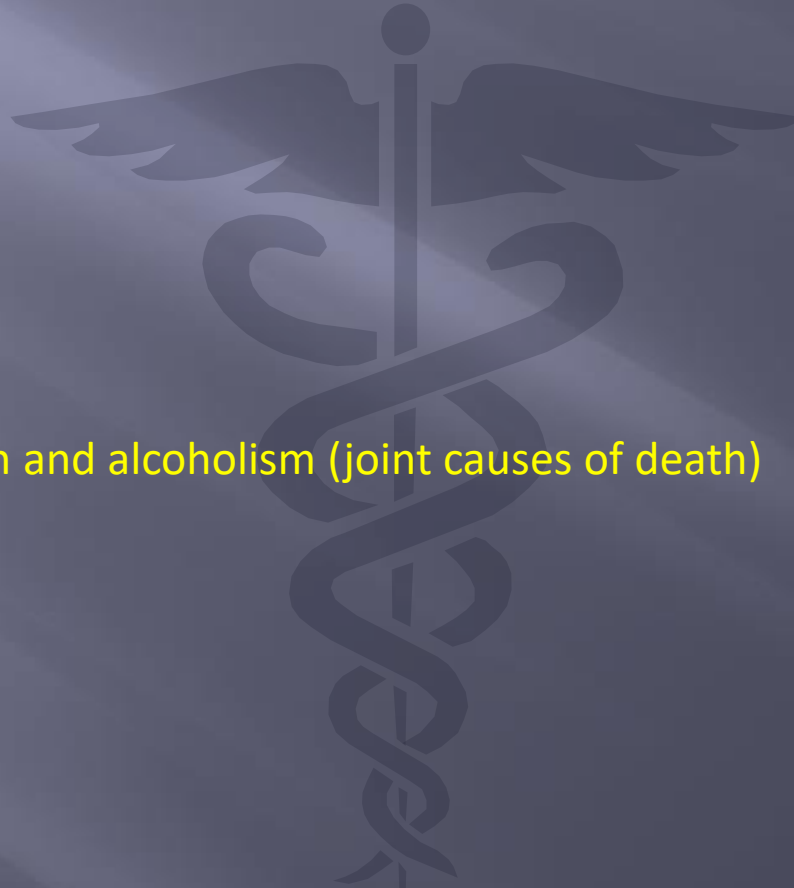
Ib. Ischaemic heart disease and chronic obstructive airways disease

Ic.

Ia. Hepatic failure

Ib. liver cirrhosis

Ic. Chronic hepatitis C infection and alcoholism (joint causes of death)



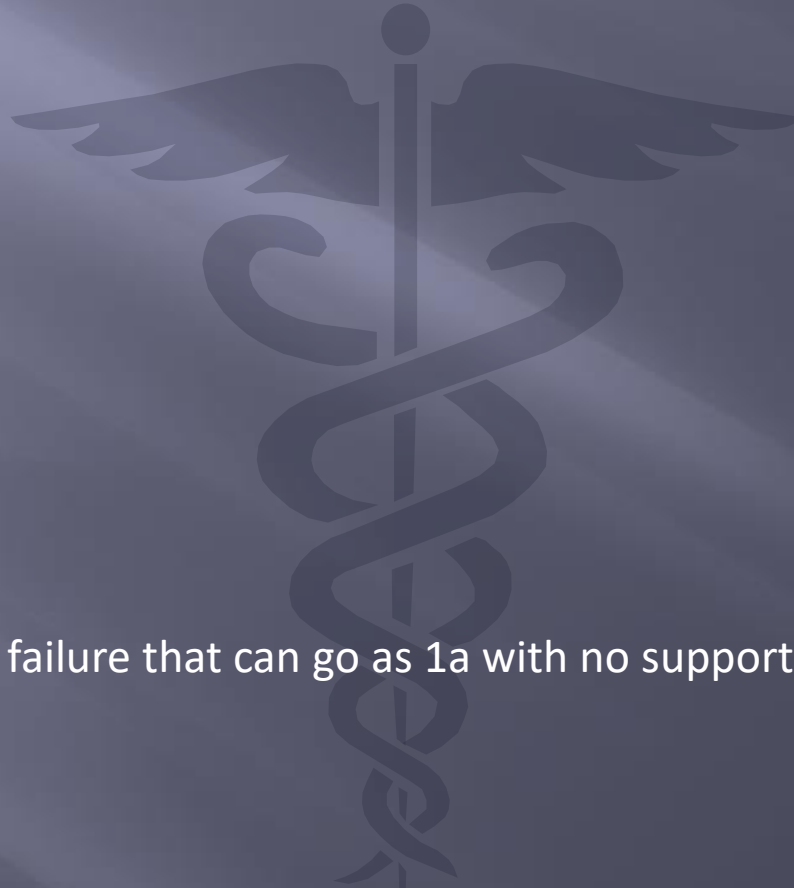
Respiratory failure

Liver failure

Renal failure

Multiorgan failure

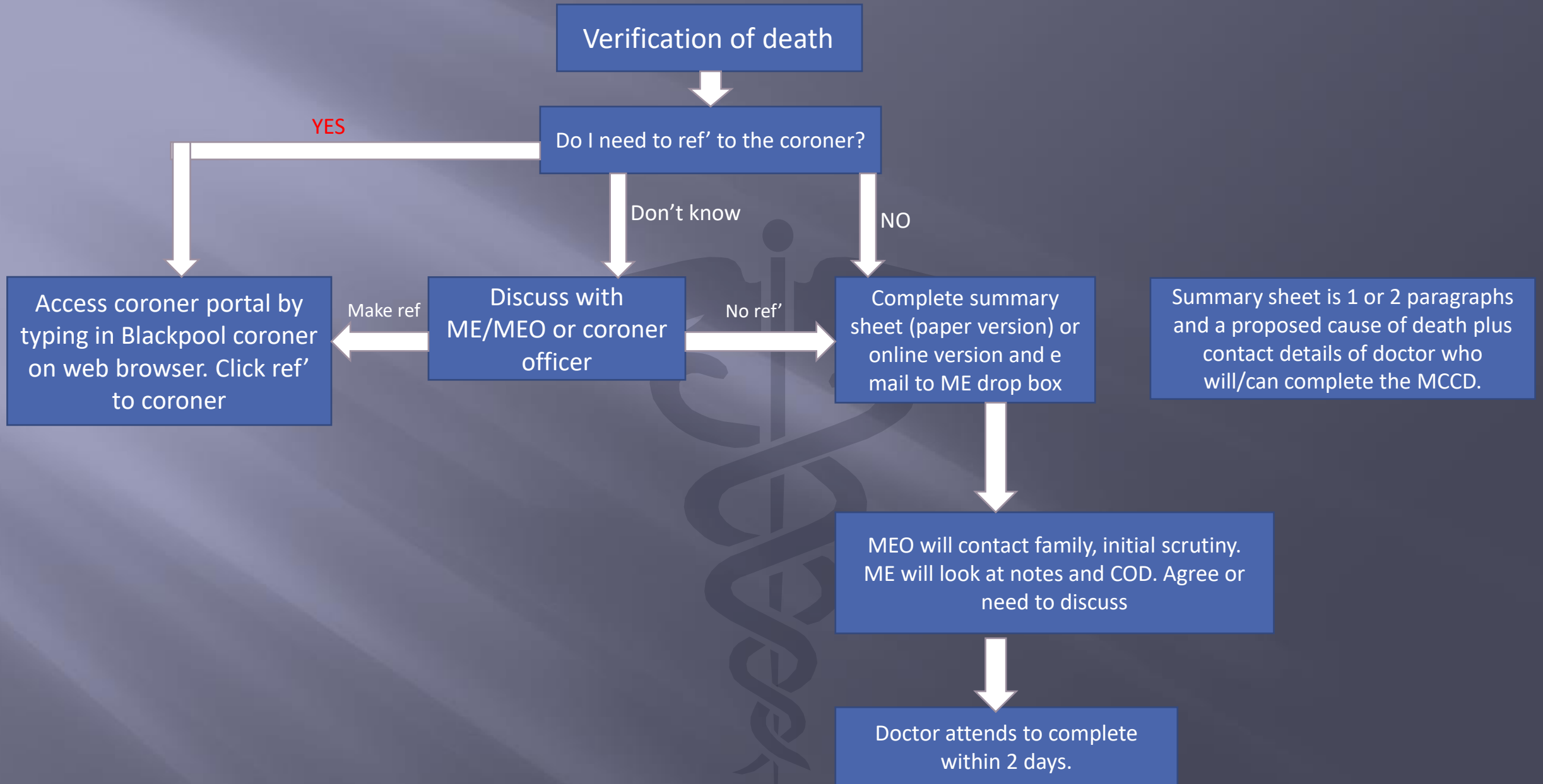
Cardiac failure is the only failure that can go as 1a with no support from 1b



1(a) Sepsis Of unknown origin

1(a) Upper gastrointestinal haemorrhage. Spontaneous upper gastrointestinal haemorrhage

1(a) Intracranial haemorrhage Spontaneous intracranial haemorrhage



## Summary of Death Certification

The information provided in this form is confidential

This form must be completed by the attending doctor independently to the review by the medical examiner. Section 2 **must** be completed so that a record of the attending doctor's view on the primary cause of death is recorded to ensure transparency of the process.

### 1. Name of deceased person and the date and time of death

Name: _____ <i>(Forename)</i> <i>(Family name)</i>	Date and time of death: _____ <i>(Date)</i> <i>(Time)</i>
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### 2. Synopsis of circumstances, medical history and preliminary view of the cause of death

This information is to provide information to support your proposed cause of death or referral to the coroner. Please include information regarding any concerns raised.

continuation sheet

Do you have any concerns about the quality of care this patient received?  Yes  No *If 'yes' please detail above*

*(If no preliminary view can be formed make a note of the reason.)*

*Approximate interval  
between onset and death*

1a	-----	-----
1b	-----	-----
1c	-----	-----
2	-----	-----
	-----	-----

NHS/Hospital No.: \_\_\_\_\_

Reference No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*(To be completed by medical examiner's office.)*

### 3. Advice from medical examiner, coroner or their respective officers (if applicable)

Spoken with: \_\_\_\_\_ Date and time: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_

Notes:

Outcome:

### 6. Doctor's decision and action

I feel able to complete the MCCD with no need for coroner referral *(Only valid for a doctor that attended the deceased.)*

I feel this case requires referral to the coroner for further action for the following reason \_\_\_\_\_

**A Medical Certificate of Cause of Death (MCCD) must not be issued for registration purposes until the cause of death has been formally confirmed by a medical examiner.**

### 7. Medical practitioner's name and contact details

Full name *(print)*: \_\_\_\_\_ GMC No.: \_\_\_\_\_

Location/department: \_\_\_\_\_

Personal phone/bleep No.: \_\_\_\_\_ Alternative/out-of-hours contact No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(The doctor providing the information in this form needs to be available to respond, if asked, to any enquiries from a medical examiner or officer.)*