
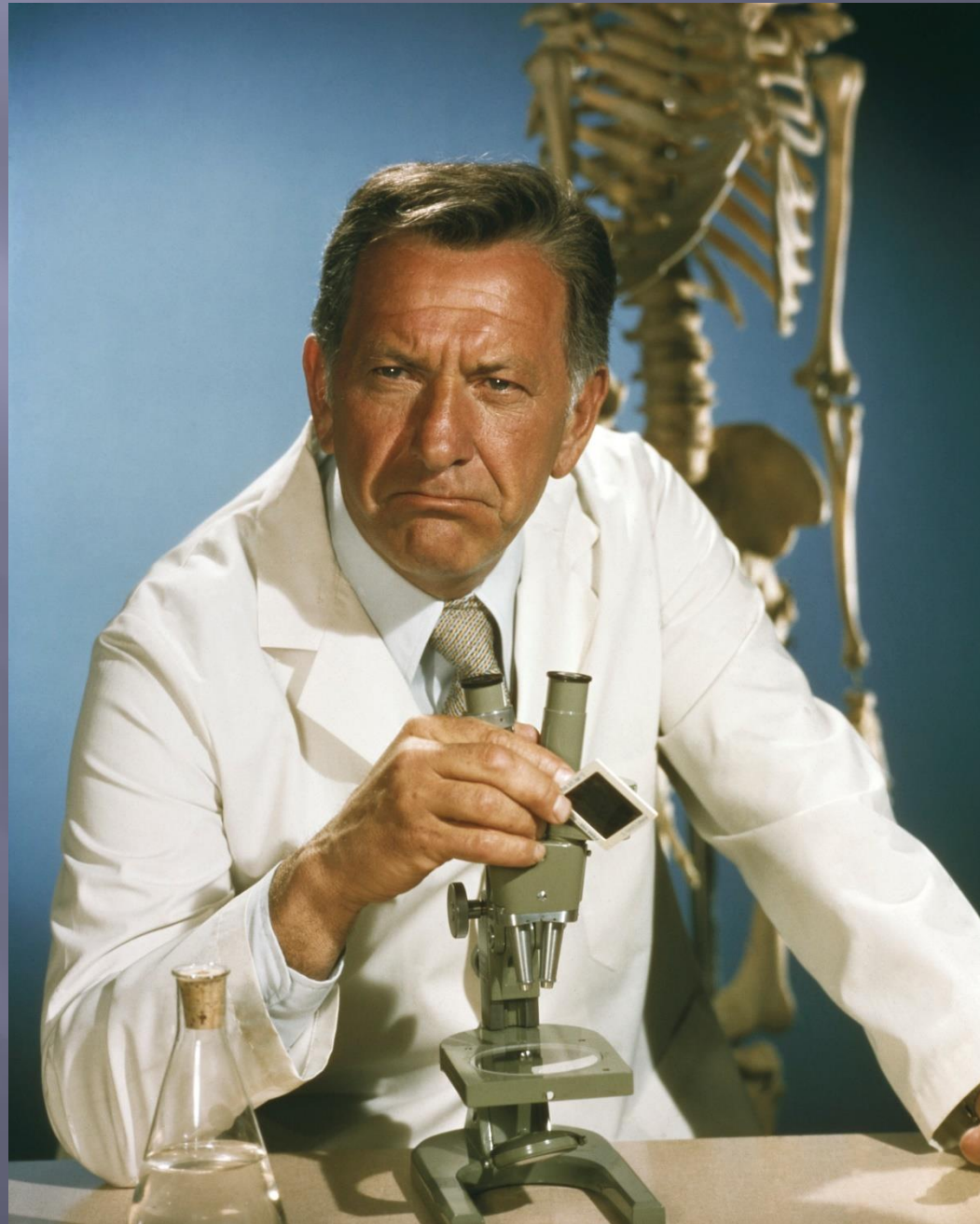


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- A. Retired Blackpool Hospital pathologist
 - B. Retired Blackpool Hospital haematologist
 - C. Fictional character.



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

Deborah Marshall Lead MEO

Debra Brearton

Paula Dimery

Karla Mould

Sarah Wignall

Ellie Riley



Improve safeguards for the public by providing robust independent scrutiny.

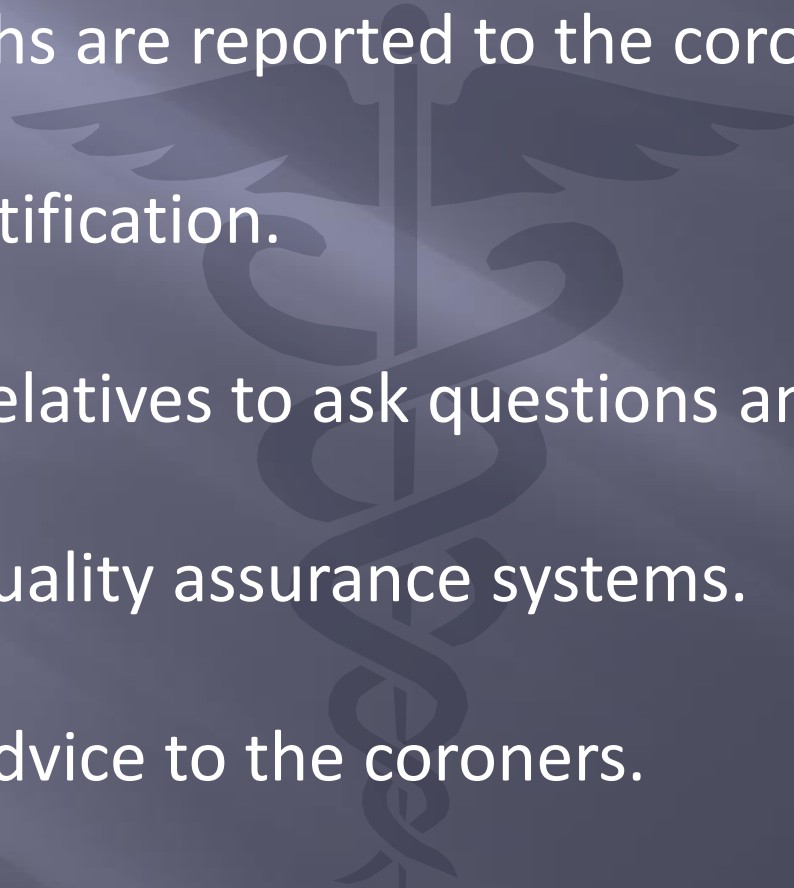
Ensure that the right deaths are reported to the coroner.

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.



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.

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.

Should I ref' or not?????

Some cases are not straight forward and need discussion.

Your first discussion is with your consultant who may also be unsure.

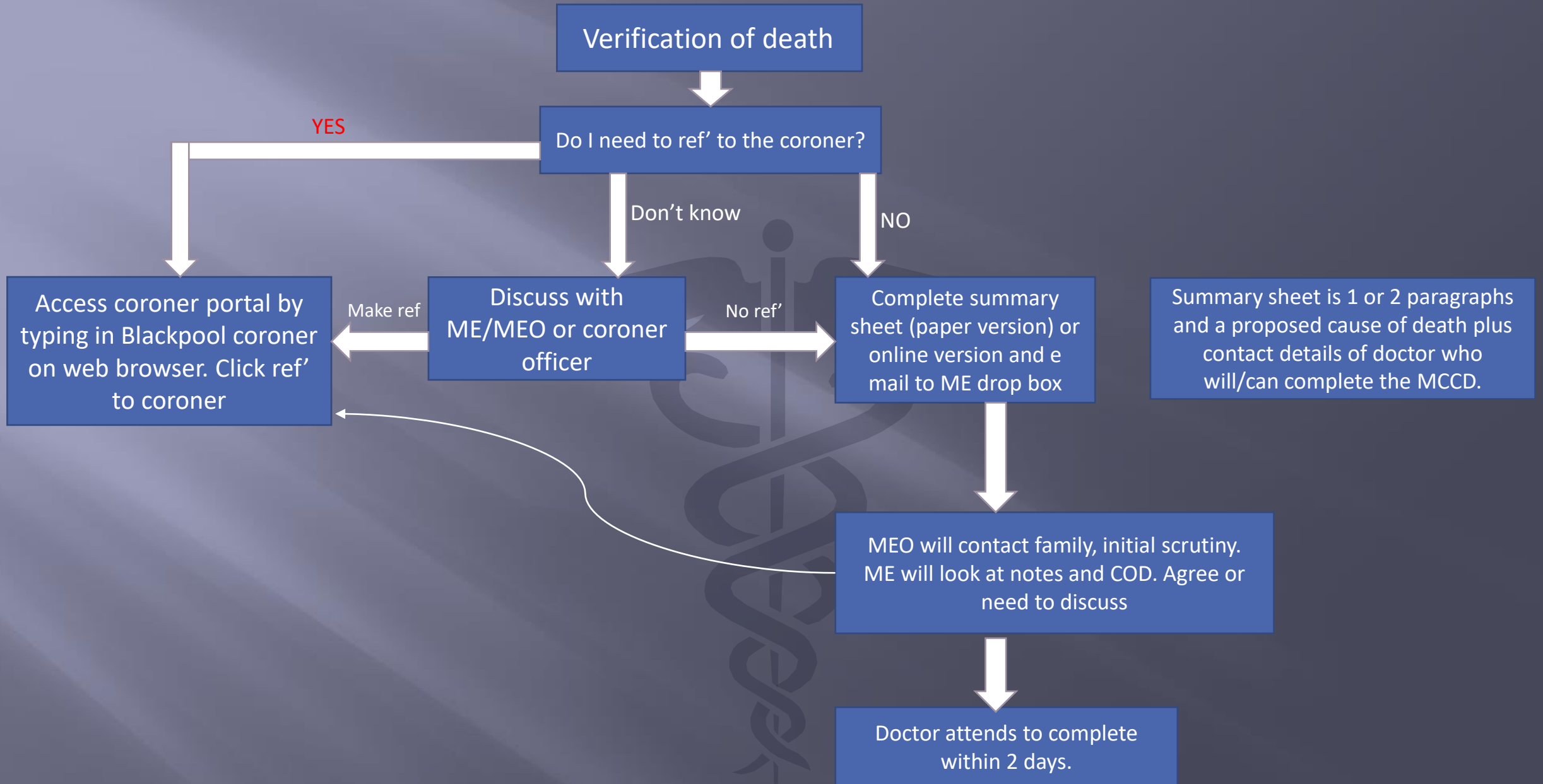
The case can be discussed with the Medical Examiner Officer (MEO), Medical Examiner (ME) or the Coroner's Officer (CO).

The CO is also located in the bereavement office.

Referrals to HMC should be made as soon as possible.
The limit set by our senior coroner is 4 days.
Obvious cases should be made the same day including the weekend.

All referrals are made via the online portal.
On the Trust web page type Blackpool Coroner
On the Blackpool Council Coroner page click make a referral.

You only need to complete the fields in red.
The code is H01 when you get to that bit.
Remember to hit the submit button.



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 M CCD 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.)

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

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

<p>CAUSE OF DEATH</p> <p><i>The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.</i></p> <p>I (a) Disease or condition directly leading to death†</p> <p>(b) Other disease or condition, if any, leading to I(a)</p> <p>(c) Other disease or condition, if any, leading to I(b)</p> <p>II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.</p>

<p><i>These particulars not to be entered in death register</i></p> <p>Approximate interval between onset and death</p>

<p>The death might have been due to or contributed to by the employment followed at some time by the deceased.</p>	<input type="checkbox"/>	<p>Please tick where applicable</p>
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†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

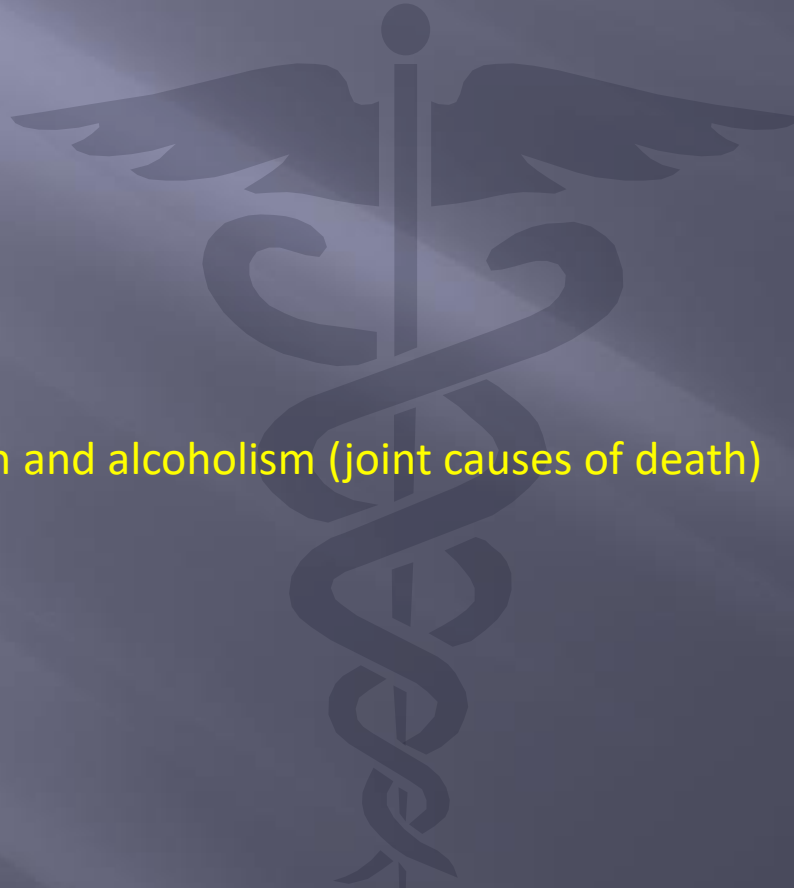
Ib. Ischaemic heart disease and chronic obstructive airways disease

Ic.

Ia. Hepatic failure

Ib. liver cirrhosis

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



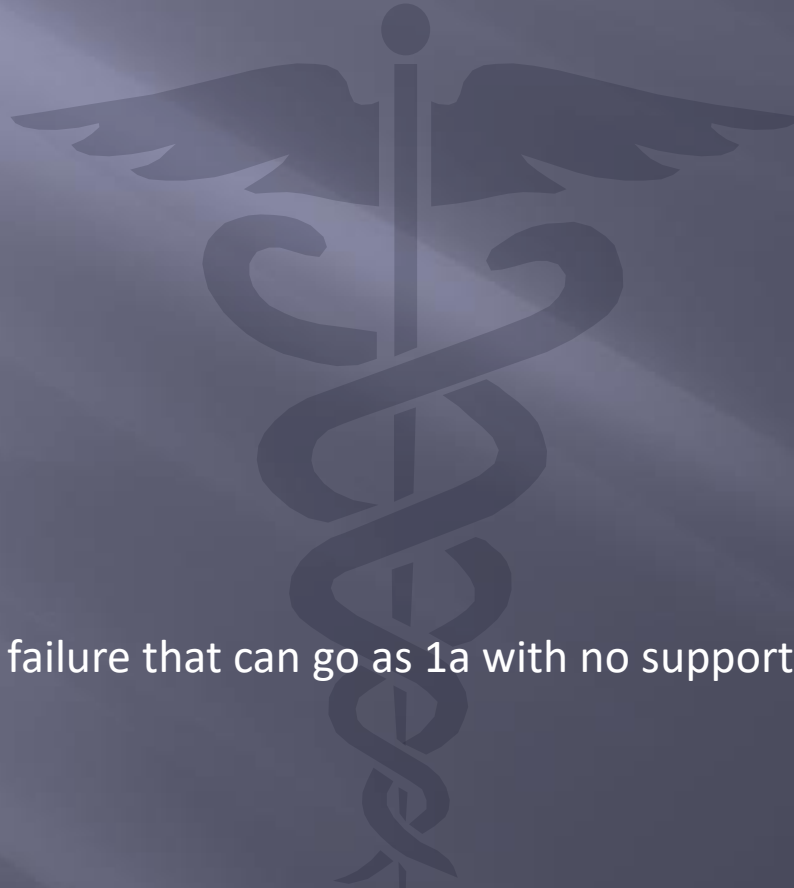
Respiratory failure

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

Role of the Coroner



The aim...

- ▣ Investigate unnatural / unexplained deaths
- ▣ Independent scrutiny
- ▣ Be mindful of “public purse” – a demand led service funded by LA
- ▣ Answer Who? When? Where? How? *Cause of death?*
- ▣ And without blame [criminal or civil]
- ▣ Be collaborative
- ▣ Draw attention to circumstances which might lead to further deaths
- ▣ And...provide an important service to the **living**

2021 statistics

- ▣ Deaths reported – 1159
- ▣ Post mortems – 568
- ▣ Inquests – 286
- ▣ Drug / alcohol – 34
- ▣ Suicide – 24
- ▣ Industrial disease – 11
- ▣ Accidents – 48
- ▣ Natural causes – 79
- ▣ Open - 2
- ▣ Narratives – 69
- ▣ Ave time to conclude – 16 weeks



<p>A man was rendered quadriplegic as a result of an RTC in his 20's. He died in a nursing home aged 40 from bronchopneumonia brought about by immobility. His MCCD states.</p> <p>1a Bronchopneumonia</p> <p>1b Immobility</p> <p>2 Quadriplegia</p> <p>Natural or un-natural?</p>	<p>Active lady aged 80 trips over a carpet in her home and fractures her NOF which is surgically repaired on the following day. After 5 days she develops respiratory issues and 2 days later from bronchopneumonia.</p> <p>A doctor hands the family an MCCD stating -</p> <p>1(a) bronchopneumonia</p> <p>2 fractured neck of femur (operated)</p> <p>Natural or unnatural?</p>
<p>A 65-year-old women collapsed at home with sudden abdominal pain and is rushed to the local hospital where they quickly diagnose a ruptured abdominal aortic aneurysm. She undergoes emergency surgery but dies on operating table.</p> <p>Doctor refers to Coroner saying cause of death is:</p> <p>1 a ruptured AAA (operated).</p> <p>Natural or unnatural?</p>	<p>A 70-year-old lady with known history of heart disease who was bed bound was smoking in her bed when she fell asleep and the bedding caught fire. She was taken to hospital where she died 2 days later. Cause of death has been given as</p> <p>1a burns</p> <p>Natural or un-natural?</p>

HOW CAN I AVOID AN INQUEST?	EXPLAIN MEDICAL TERMS	DUTY OF CANDOUR	PROVIDE DETAIL
HOW CAN I GIVE GOOD EVIDENCE IN COURT?	NOT ABOUT BLAME	GIVE YOUR OWN EVIDENCE	VISIT IN ADVANCE
CAN MY RECORDS KEEPING HELP ME?	UNEXPLAINED GAPS	RECORD WHAT INSTRUCTION YOU ARE GIVEN	RESPOND TO FAMILY CONCERNS
COMMON THEMES?	ESCALATION AND DELAY	COMMUNICATION WITH FAMILY	AGENCY STAFF & SUPERVISION
FAMILY CONCERNS	SEPSIS	LEARNING LESSONS	FALLS – WHAT HAPPENED AND WHY?