

# PRIMARY CARE 10 TOP TIPS

## Death Certification in England

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. MAC14531\_TT15

- 1** Remember that Death Certification (has to be done by a medically trained doctor) is not the same as Death Confirmation/ Verification (can be done by any suitably trained health care professional).
- 2** Issue the Death Certificate in a timely fashion, ideally the next working day, and inform the family/ next of kin when it will be available to collect. This will avoid subjecting the relatives and carers to any distress caused by avoidable delays.
- 3** Depending on local protocols, make sure an out of hours handover of an expected death is done in a timely manner (remember weekends and Bank Holidays). Make sure you inform OOH on the handover form that you are able to do a death certificate on the next working day if your patient dies during this time.
- 4** Remember that a Doctor has to have seen the patient within 14 days of death in order to write a death certificate without having to discuss with the Coroner.
- 5** If you go on leave and expect your patient may die while you are away, make sure you ask a fellow GP colleague to review/ see the patient in your absence, so that they can legally write the death certificate in a timely manner.
- 6** If the patient does die outside the 14 day period, or if you are not the usual GP attending the patient, phone the Coroner and discuss the circumstances of the death with them. The Coroner may agree that the patient does not need a postmortum and allow you to issue the death certificate.
- 7** Any patient who has a DOLS order (Deprivation of Liberty Safeguard) in place MUST be discussed with the Coroner. Before the expected death, consider discussing with the Coroner any such patients so that they are made aware.
- 8** Remember that any death that may be linked to the person's current or past occupation (most commonly asbestos-related deaths, e.g. Mesothelioma). This information has to be reported and discussed with the Coroner who may request a post mortem. Inform the family and carers of this. Check with your local Coroner in advance on their policy on such deaths and pre-warn the family and carers, as in some cases this may involve the police visiting after the death.
- 9** In some of England the Coroner may require you to report if a patient has had any Systemic Anti-Cancer Treatment (SACT) within 30 days of their death before you are able to issue the death certificate. The Coroner may send you a short questionnaire asking you about that treatment. SACT includes both Chemotherapy and Radiotherapy. If you are unsure, speak to the Coroner before issuing the death certificate, and explain this to the relatives.
- 10** Tie up any loose ends:
  - Make sure that the patient's death and cause of death are recorded clearly in their medical records.
  - Inform appropriate people/ agencies that were also attending the patient – e.g. OOH (if they die in hours), District Nurses, Macmillan Nurses, Secondary Care so that no further hospital appointments are sent which relatives can find distressing.
  - Update any registers in your practice (including those that would have been recalled for any chronic disease reviews and flu vaccination).
  - Ensure that any equipment (syringe drivers, drugs, drug cases) have been removed promptly from the patient's home.

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