

10 TOP TIPS

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Date: March 2016

Review date: March 2018

on Death Certification/Procedures of An Expected Death (Northern Ireland)

1 Remember that Death Certification (which has to be done by a doctor) is NOT the same as Death Confirmation/Verification (which can be done by any suitably trained healthcare professional provided they have completed a training course and are registered with the relevant professional body and are adhering to the agreed protocol). The OOH Death Verification pilots enable, for example, Marie Curie nurses to attend more quickly than the OOH doctors which will avoid subjecting the relatives and carers to any distress caused by delays.

2 Issue the Death Certificate in a timely fashion, ideally no later than the next working day. The Doctor completing the documentation does not need to have seen the deceased's body but must put the details of the practitioner verifying death on the Medical Certificate of Death.

3 Make sure an OOH 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, once your patient dies.

4 Remember that a Doctor has to have seen the patient within 28 days of death in order to write a death certificate without having to discuss with the Coroner.

5 If you go on leave and there is a reasonable expectation that your patient may die while you are away, 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. Otherwise, the patient's family and carers may be subject to Coroner's and Police enquiries. These delays can cause them considerable distress.

6 If the patient dies outside the 28 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. This can obviate any further stress on the family/carers if the Coroner agrees death certification is possible, and avoids unnecessary post mortem and Police enquiries.

7 A death which occurs in prison must be reported to the Coroner, even if the cause of death is natural. This may cause relatives distress and they may seek reassurance from the GP that this is routine procedure.

8 If the death is related to industrial disease (most commonly asbestos-related deaths) the status of any claim for compensation should be ascertained. If a definitive diagnosis has not been made during life, a post-mortem may be required to confirm the underlying condition and presence of asbestos bodies to allow the family to complete their claim. Pre-warn the family and carers in advance to prevent any distress.

9 Consideration should be made regarding whether **Systemic Anti-Cancer Treatment (SACT)** within 30 days of their death has significantly contributed to the death. This may need to be discussed with the oncology/haematology team. If it is considered that the death was due to a complication of SACT (eg neutropenic sepsis, GI toxicity, etc.)

rather than disease progression, the death should be reported to the Coroner.

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, and Secondary Care (so 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) has been removed promptly from the patient's home.

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