

10 TOP TIPS

Authors:
Macmillan End of Life Care GPA Team
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on Death Certification/Procedures of An Expected Death (England Only)

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 no later than 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, once your patient dies.

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 expectedly 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. Otherwise, the patient's family and carers may be subject to Coroner's and Police enquiries. These delays can cause considerable distress.

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. 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 Any patient who has a DOLS order (Deprivation of Liberty Safeguard) in place HAS to be discussed with the Coroner as a paper inquest is likely to take place. Before the expected death, consider discussing with the Coroner any such patients so that they are aware, and can initiate their procedures in a timely manner.

8 Remember that any death that may be linked to the person's current or past occupation (most commonly Asbestos-related deaths, eg Mesothelioma) 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 If your patient has had any **Systemic Anti-Cancer Treatment (SACT) within 30 days of their death**, in some areas of England, the Coroner wants this reporting to them before you can 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 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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