



June 2017

## REPORTABLE DEATHS – A GUIDE

I am suggesting that the following categories of death should be reported to the Coroner's office. Included are deaths which have to be reported (eg violent or unnatural deaths) as well as a number of categories which I suggest it is better to report at an early stage to avoid problems when the death is referred to the Registrar of Births Deaths & Marriages or when the Medical Referee comes to consider the application for cremation. Some of the categories inevitably overlap. **The list is not intended to be exhaustive** and my staff and I are more than happy to discuss any individual case with you.

(As a side issue can I please urge doctors to read and be familiar with '**Guidance for doctors certifying cause of death**' from the Office for National statistics' Death Certification Advisory Group, April 2005, [www.gro.gov.uk/medcert](http://www.gro.gov.uk/medcert)).

### Unknown cause

1. The cause of death is unknown.

### ? Natural causes

2. It cannot readily be certified that the cause of death is due to natural causes.

### No Medical Attendance

3. The deceased was either not attended by a doctor during his last illness **Or** was not seen within the last 14 days.

### Suspicious/Violent

4. There are suspicious circumstances **Or** there is a history of violence.

### Accident

5. The death is due to some form of accident (eg, fall, road traffic collision, incident at work or in the home etc). Please consider whether an old injury may have caused or contributed to death many years later.

### Self Neglect/Neglect by others

6. There is any suggestion of self-neglect or neglect by other persons (this can include lack of medical care, eg bed sores not properly treated). If the bed sores are at levels 1 and 2 these do not need to be reported unless there are other reasons for doing so.

**Prison/Police Custody**

7. The death has occurred during or shortly after release from Prison, Young Offenders Institution or Police custody (even if the cause of death is due to natural causes).

**Mental Health Act 1983**

8. The deceased was detained under the Mental Health Act. There is no longer a requirement to report the deaths of persons who were the subject of a DoLS.

**Abortion**

9. The death is linked to an abortion (this include both maternal deaths and infant deaths where the infant has drawn breath, even if the abortion was legally performed under the Abortion Act).
10. Stillbirths do not need to be reported if the doctor is satisfied that the infant has not drawn breath.

**Self Harm**

11. The death may have been due to the actions of the deceased, overdose, solvent abuse, alcohol related deaths, self-injury etc.

**Industrial Disease**

12. If the deceased had Industrial/Disability/War pensions : please give details if known. Pensions for white finger and hearing loss do not qualify under this section.
13. Pneumoconiosis/Chronic Bronchitis and Emphysema/Pulmonary Fibrosis (including Farmer's Lung)/Mesothelioma/Asbestosis. Please also give details of any known employment and smoking history.
14. Chronic obstructive pulmonary/airways disease only needs to be reported if there is a history of coal mining

**Recent Operations/Procedures/Medicines**

15. The death may be due to a medical intervention, so please report deaths which are suspected to be due to or exacerbated by medicines, eg GI bleeds (due to warfarin, aspirin, NSAIDs etc), pseudomembranous colitis (due to antibiotics), deaths attributable to chemotherapy, immunosuppressive drugs, steroids etc.
16. Deaths where there has been surgery under general anaesthesia within 12 months of death or where more distant surgery has led to the death
17. Minor surgical procedures (gastroscopies, endoscopies, biopsies, cataracts etc) do not need to be reported (unless complications arose from the procedure).

18. It may be wise to report any death where there is an allegation of medical mismanagement.

#### **Admission within 24 hours**

19. The death occurs within 24 hours of admission to hospital (unless the admission was simply for terminal care).

#### **Falls, Fractures, Cerebral Haemorrhage, CVA, CVD**

20. Any fractured limbs within 12 months of the death.
21. Cerebral, subdural or extradural haemorrhage **unless** the certifying doctor is satisfied that the haemorrhage is due to entirely non-traumatic reasons, eg CVA, CVD. **But** if the bleed is due to or exacerbated by drugs, eg warfarin, heparin etc then the death should be reported.
22. Falls without serious injury which have not contributed to death do not need to be reported

#### **Cancer related deaths**

23. Bladder cancer in a person born before 1935 (especially if any suggested link with Michelin) or where dye works may be implicated.
24. Carcinomatosis – unknown primary.
25. Neutropenic sepsis from chemotherapy treatment

#### **Failures, Obstructions, Bronchopneumonia, Sepsis and Peritonitis**

26. Any of the above which are not adequately qualified.
27. Unqualified cardiac arrest, congestive cardiac failure and brain hypoxia are similarly unacceptable unless adequately qualified

#### **Old Age**

28. This is an acceptable cause of death in a person aged 80 years or more but it is generally better to include comorbidities in part 2 if there is no specific medical cause of death which would better describe the death and therefore does NOT need to be reported.

#### **Miscellaneous**

29. Any death where there are unusual or disturbing features.

**Ian Smith**  
**HM Senior Coroner**