

Verification of Death Policy, within the Out of Hours

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Responsible Committee: Quality Committee

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1 INTRODUCTION

The aims of this policy are to:

- Ensure quality provision of care to the deceased and bereaved by promoting a consistent approach to the verification of death across the whole organisation;
- Ensure all duty doctors and staff have a clear understanding about best practice and requirements in their role regarding verification of death.

This policy is largely concerned with the process that should be followed by Out of Hours general practitioners (GPs) when verifying death within community settings.

The GPC Guidance (Confirmation and certification of death – guidance for GPs in England and Wales; GPC 1999) was issued to inform GPs of their obligations and good practice. Its rapid dissemination was necessary because of changes in the organisation of general practice, especially Out of Hours, which make it increasingly likely that a doctor called to confirm (verify) death may not be the patient's own doctor. Because of this the verification of death and its certification have become separated.

2 SCOPE

This policy and procedure applies to all staff working for SELDOC but specifically staff that have a responsibility to verify death

3 LINKED POLICIES

The following policies are linked to the SELDOC Verification of Death Policy and should be read in conjunction with this policy:

- Consent policy
- Equality and Human Rights policy
- Confidentiality policy
- Records Management policy

4 DEFINITIONS

4.1 Verification and Certification

Verification of death is the procedure of determining whether a patient is actually deceased. Usually this is done by a doctor, but other trained professionals are also able to verify death. It is separate to the death certification process, which is an obligation of the doctor who attended the deceased during his or her last illness.

Certification can only be carried out by a medical practitioner or a coroner. For the avoidance of ambiguity, it is recommended that the term verification of death be used instead of confirmation to avoid confusion with certification.

SELDOC duty doctors can only verify that a death has occurred and cannot issue a death certificate as they are not the registered GP for the patient, nor the doctor attending the patient during the course of their last illness.

4.2 Expected Deaths

An expected death is a death where the patient was expected to die, and their relatives and carers had been informed that they were terminally ill or likely to die. If this death occurs in the community, then the patient's own GP will complete the death certificate. However if this patient dies within the Out of Hours period then an Out of Hours Duty Doctor may be required to verify the death so that the undertaker can remove the body. The Out of Hours GP would not complete the death certificate.

4.3 Unexpected Death

An unexpected death is a death where there was no expectation that the patient was terminally ill or likely to die. This could be a death due to natural causes however this also includes *suspicious deaths*, where there is suspicion or signs of violence, accident, poisoning or suicide or *unexplained deaths* where there is insufficient evidence available to assist in determining the likely cause of death. In this situation, the death should be referred to the coroner and a post mortem may be held. If the death occurs within the Out of Hours period, an OOH GP should only verify the death if it is definitely not suspicious and then the patient's own GP will refer the patient to the Coroner the next working day. Death certificates for these patients will either be completed by the Coroner after a post mortem examination or by the patient's own GP if the Coroner is satisfied after a discussion with the own GP that the death was due to natural causes.

However if this is a suspicious death or there is any question as to whether the death was suspicious, or if this is unknown, then the Out of Hours GP should not verify this death and the death should be referred to the police. The police will then refer this to the Coroner and their own Forensic Medical Examiner (FME) will verify the death. Death certificates for these patients will be completed by the Coroner after a post mortem examination.

5 ROLES AND RESPONSIBILITIES

It is the responsibility of all non-clinical staff and healthcare professionals working at SELDOC to have read this policy and be in a position to act in accordance with its contents.

Duty doctors have a responsibility to verify that a death has occurred, if necessary, but cannot issue a death certificate.

Duty Doctors also have a duty of care to the relatives/carers, who have been bereaved, and are responsible for following the procedures as set out below.

6 PROCEDURE

6.1 If SELDOC is contacted, about an expected death in the Out of Hours, a routine home visit to verify the death is required, unless the death is at a residential or nursing home and the nurse in charge is able to verify the death.

6.2 If SELDOC is contacted, about an unexpected death then it is up to the Duty Doctor to take the relevant history to ascertain if this death was likely to be due to natural causes, in which case a GP can be sent to verify the death. If it is deemed that the death is, or maybe suspicious, then the patient should be referred to the police.

6.3 Unexpected or Suspicious Deaths Where the Police request for an OOH GP to attend: In these circumstances, there **is no obligation upon the GP to attend**. An NHS GP is required to provide *treatment* to persons not registered but requiring immediate treatment due to an accident or other emergency only if “he is available to provide such treatment”. If the request is to attend upon a dead person or persons, there is no question of a GP being requested to provide treatment, therefore there is no obligation to attend. In these circumstances, the Police should liaise directly with their own Forensic Medical Examiner to attend.

6.4 Appropriate time scales for visits to verify death: Requests for Verification of Death for all deaths (expected and unexpected) should be undertaken as a routine home visit within 6 hours unless there are exceptional circumstances, which necessitate a faster response.

6.5 The visiting Duty Doctor should examine the body to verify that death has occurred. They should then advise the relatives/carers that the patient has died and give information on what to do after the death, including advising them to call an undertaker. They should issue a bereavement pack to the relatives/carers.

6.6 Documentation: If the patient resides in a nursing home or has a set of notes at home e.g. EOLC record, duty doctors should make a legible, signed entry in the patient’s record indicating the time and date that death was verified.

6.7 SELDOC Duty Doctors must complete the Verification of Fact of Death form (see Appendix A) for all patients indicating that verification of death has occurred. This form should be left with the family to give to the undertaker so that the body can be removed.

6.8 The patient’s own GP practice must be informed of the death. This will happen via an automatic Post Event Message (PEM message) sent from the Adastra system to the registered GP. The Duty Doctor is responsible for completing a consultation within Adastra.

7. Contacting the Coroner

SELDOC Duty doctors do not need to contact the Coroner under any circumstances during the Out of Hours period. If a death is suspicious then the duty doctor should contact the police who will contact the coroner. In all other circumstances then the patient's own GP will contact the Coroner the next working day if this is required.

8. Contacting the Police

For **unexpected suspicious deaths**, the Duty Doctor should contact the Police by calling 999. A death should be referred to Police if:

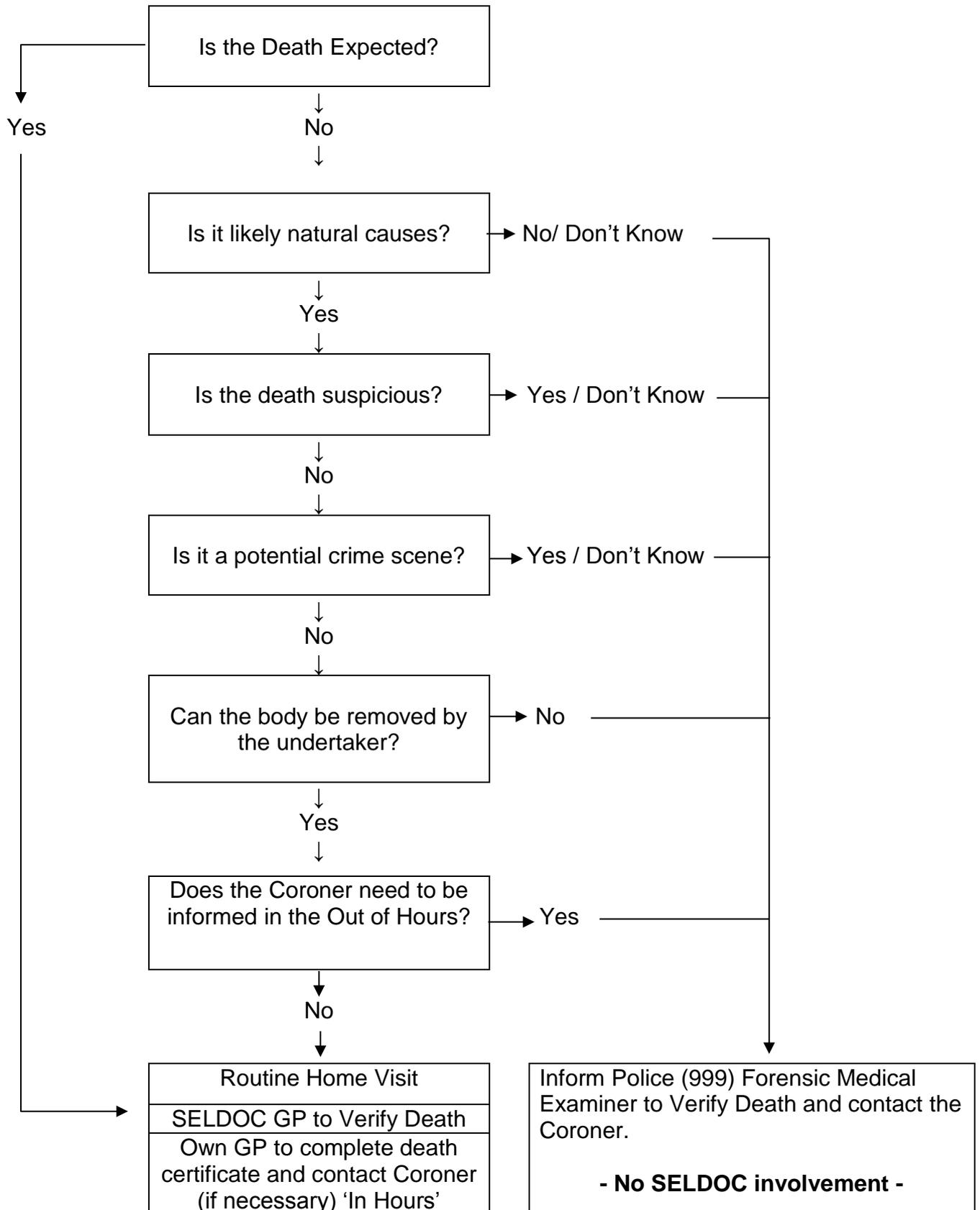
- It cannot be certified as being due to natural causes
- There are any suspicious circumstances
- There is any history of trauma
- The death results from an accident
- There is a question of neglect
- The death has occurred during detention in Police or Prison custody
- The deceased was detained under the Mental Health Act
- The death was contributed by the actions of the deceased, e.g. self-injury/overdose
- The death could be due to an industrial disease
- The death may be due to a medical procedure

The police are then responsible for contacting the Coroner if required. A Forensic Medical Examiner should verify the death in these situations.

The Duty doctor should inform the Team Leader if the police have been contacted.

This procedure is summarised in the flow chart below:

Request for Verification of Death in the OOH period



Appendix A



Verification of the Fact of Death

SELDOC RECORD OF THE FACT OF DEATH FORM			
Details of Deceased:			
Family Name:		Date of Birth:	
Forename(s):		Sex:	
Usual Address:			
House/Flat Number:.....Street.....			
Town/City:.....Postcode:.....			
General Practitioner Name and address of Surgery:			
Case No:		NHS No (if available):	
Name of person completing form (if different from Duty Doctor signing form):			
Name of the person who confirmed the identity of the deceased:			
Persons present at death (occupation/position/relationship to the deceased):			
1.....			
2.....			
3.....			
Time death Recorded (24hr)		Signs Noted (all should be Yes):	
Place of Death:		Absent heart sounds/pulses Yes/No	
		Absent respirations Yes/No	
		Pupils fixed and dilated Yes/No	
		No response to deep pain Yes/No	
I verify the fact of death			
Signed:		Date:	Time:
Print name:		Contact details: 020 8693 9066/111 Out of Hours 0208 619 1250 Office Hours	