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***Uwch Grwner dros dro ar gyfer Abertawe a Chastell-nedd Port Talbot***

***Acting Senior Coroner for Swansea and Neath Port Talbot***

**Information for GP’s in relation to the certification of deaths & referrals to the Coroner following recent changes to law & practice brought about by the Coronavirus Act 2020 (CA 2020).**

**Introduction**

1. The Coroners’ Service has recently, & understandably received many enquiries from General Practitioners regarding death certification.

1. This document is intended to ***assist*** by providing information to doctors from the perspective of the Coroner. It is **not** for the Coroner to advise General Practitioners how to conduct their practices; these are issues for the GMC and the BMA from whom such advice should be sought.
2. It is strongly requested that this document is circulated as widely as possible to medical practitioners, within the Swansea and Neath Port Talbot Area. Furthermore, that regard is had to it, **before** any contact is made with my office. Like all organisations during these turbulent times, the Coronial Service is operating on reduced numbers.
3. CA 2020 makes significant changes to the certification of death by medical practitioners. It allows for more ***flexibility*** during this emergency situation such that a doctor who may not have seen the deceased can certify the cause of death without the death being referred to the Coroner. This allows the registration of deaths to operate effectively during the Covid-19 outbreak.[[1]](#footnote-1)
4. The aim of the system is that every death from Covid-19 which does not in law require referral to the Coroner be dealt with by the MCCD process. The Chief Coroner and National Medical Examiner are in full agreement.[[2]](#footnote-2)

**Completion of the Medical Certificate of the Cause of Death (MCCD)**

1. The doctor who ***attended*** the deceased during their last illness has a legal duty to complete a MCCD and arrange for delivery of it to the relevant registrar as soon as possible to enable the registration to take place.[[3]](#footnote-3)
2. That ‘attendance’ can be in person or by video link.[[4]](#footnote-4)

The GRO position is that attendance before death can be visual (i.e. in person) or by video (e.g. Skype), but cannot be audio (i.e. telephone) only.

**Attendance after death must be in person.**

Clearly, some form of attendance would be ideal since it will reduce natural cause referrals.

1. The current legislation[[5]](#footnote-5) requires a doctor to issue a MCCD if:
* He or she is satisfied that they can state the correct cause of death ***to the best of the doctor’s knowledge and belief***[[6]](#footnote-6) *and*
* The cause of death is entirely natural

*and either*:

* The attendance was during the previous **28 days** *or*
* He or she has **viewed the body after death**
1. Additionally:
2. A registered medical practitioner who is **not** the practitioner who ***attended*** the deceased during their last illness ***may*** sign a MCCD if:
* The practitioner who ***attended*** is unable to sign the MCCD or it is impractical for them to do so *and*
* The medical practitioner who proposes to sign the MCCD is able to state to the best of their *knowledge and belief* the cause of death
1. A registered medical practitioner may sign a MCCD even in the case of a person who has not been attended during their last illness by a medical practitioner if the registered medical practitioner is able to state to the best of their knowledge and belief the cause of death.
2. The declaration on the MCCD should be amended as necessary by certifying doctors to show whether they have been in medical attendance or not, and if not, whether another doctor has seen the deceased within 28 days or after death. The after death requirement should utilise the existing ringed boxes.[[7]](#footnote-7)
3. MCCD’s must be wet signed but may be scanned and transmitted to the registrar electronically.

**Completion of Cremation Paperwork**

1. There are also changes to the requirements in respect of Cremation forms to permit cremations to proceed on the basis of Cremation Form 4 alone.[[8]](#footnote-8)
2. The requirement for a confirmatory certificate (Cremation Form 5) is suspended.
3. Any medical practitioner can complete Cremation Form 4. They do not have to have seen the deceased. However, a medical practitioner (not necessarily the medical practitioner who signs the Cremation Form 4) should have attended the deceased (including visual/video/skype consultation) within 28 days before death, or viewed the body after death. ‘Viewing’ here means in person.

1. **COVID-19 is a Natural Cause of Death**
2. A death is typically considered to be unnatural if it has not resulted entirely from a naturally occurring disease process running its natural course, where nothing else is implicated.[[9]](#footnote-9)
3. COVID-19 is an acceptable direct or underlying cause of death for the purpose of completing a MCCD.[[10]](#footnote-10)
4. If the medical practitioner ***suspects*** that COVID-19 may *possibly* (i.e. not *probably*) have caused, or contributed to death, then it is acceptable for Coronial purposes, for the MCCD to be phrased in such a way:-

1a. Primary COD (e.g. pneumonia, acute exacerbation of COPD) ***in the setting of a COVID19 outbreak***

**COVID-19 deaths should not require a post mortem**

1. Guidance from the Royal College of Pathologists states that in general if a death is believed to be due to a confirmed COVID-19 infection, there is unlikely to be any need for a post mortem to be conducted and a MCCD should be issued.[[11]](#footnote-11)

**COVID-19 Cases should not be referred to the Coroner unless there is another reason for doing so (that reason is likely to be found within The Notification of Deaths Regulations 2019)**

1. COVID-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 **but the fact that it is, does not mean that the death needs to be referred to the Coroner.[[12]](#footnote-12)**
2. If no registered medical practitioner can sign a MCCD or a registered medical practitioner is not available within a reasonable time of a person’s death, the death should be referred to the Coroner in the normal way.[[13]](#footnote-13)

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1. Coronavirus Bill House of Lords Explanatory Notes https://publications.parliament.uk/pa/bills/cbill/58-01/0122/en/20122en.pdf [↑](#footnote-ref-1)
2. Chief Coroner Guidance No. 34 [↑](#footnote-ref-2)
3. S22 Births and Deaths Registration Act 1953 [↑](#footnote-ref-3)
4. GRO Circular 5/2020

 https://www.gov.uk/government/publications/guidance-notes-for-completing-a-medical-certificate-of-cause-of-death [↑](#footnote-ref-4)
5. S22 Births and Deaths Registration Act 1953 as amended by s18 and Part 1 of Schedule 13 Coronavirus Act 2020 [↑](#footnote-ref-5)
6. s22 Births and Deaths Registration Act 1953 [↑](#footnote-ref-6)
7. GRO Circular 5/2020 [↑](#footnote-ref-7)
8. S19 Coronavirus Act 2020 [↑](#footnote-ref-8)
9. Para 24 Guidance to the Notification of Death Regulations 2019 [↑](#footnote-ref-9)
10. <https://www.england.nhs.uk/coronavirus/primary-care/> 10 March 2020 [↑](#footnote-ref-10)
11. https://www.rcpath.org/resourceLibrary/briefing-on-covid-19-autopsy-practice-feb-2020.html [↑](#footnote-ref-11)
12. <https://www.england.nhs.uk/coronavirus/primary-care/> 10 March 2020 [↑](#footnote-ref-12)
13. S7 of Schedule 13 Coronavirus Act 2020 [↑](#footnote-ref-13)