


The Altnagelvin Doctor's Handbook



Altnagelvin HSS Trust

August 2001

'Do Not Resuscitate' Policy¹⁴

You must familiarise yourself with the hospital ***"Do not Resuscitate policy"***. Do not make a 'DNR' statement in the medical record without first referring to this policy and consulting with senior colleagues.

It is important for all clinical doctors to attend the regular Resuscitation training sessions provided and to ensure that they keep up to date with the latest guidelines. Please contact the *Resuscitation Officer* for further details. Where your Speciality Training committee advises official resuscitation training courses, funding may be available to assist you from the study leave budget.

Making wills

- ♦ Medical and Nursing Staff are not encouraged to involve themselves in the witnessing of wills as it may be held in the event of a will being contested that staff in these professions somehow imply a greater warranty on a patient's physical and mental competence at the time the will is prepared than would be the case if the will was witnessed by 'lay' staff.
- ♦ Where for reasons of exceptional urgency and in circumstances where administrative staff are not available to assist, it may be necessary for a member of the nursing staff to undertake the witnessing of a will. Where this is the case the most senior nurse available should undertake the responsibility. This would eliminate the possibility where in the event of a will being subsequently contested, a junior nurse might be subjected to the ordeal of examination in a court on the matter of the deceased persons fitness to make a will.

Certifying the death of a patient

The Nursing Staff have been instructed that a patient who appears dead must not be removed from the Ward until a Medical Officer has confirmed the death. If you are not a member of the medical team involved in the care of the patient, you are only required to certify the patient dead and there is no necessity for you to issue the death certificate. Please speak to the nursing staff to familiarise yourself with the circumstances before approaching the patient, and show courtesy to grieving relatives.

Breaking bad news to the family

You will at some stage be asked to speak to grieving relatives just after the death of their loved one. In this circumstance, you should confirm the facts about the patient and the identity of the relatives *before* speaking to them in the presence of one of the nurses. You do not need to say very much, but even if you are under pressure, it is important to spend a few minutes with them and to respect their grief.

Death Certificates

Death certificates should be signed by a medical officer involved in the care of the deceased prior to her death. The diagnosis or diagnoses should be clearly recorded according to the guidelines on the certificate book. If there are any queries, these should be directed at your senior colleagues in the first instance. Before you sign - ask yourself if a hospital autopsy would be helpful or if the death should be reported to

the coroner? You are signing a legal document and are expected to identify those who should be referred to the coroner.

Cremation Certificates

Cremation certificates have several parts, and instructions must be carefully studied before signing. *Part B* is to be signed by a doctor who was present at the death of the patient. It is this doctor's responsibility to ensure that the cause of death recorded is accurate to the best of their knowledge, and that there is no hint of foul play. They should also take care to check that the patient is not fitted with a cardiac pacemaker, as they could be found liable for a subsequent explosion! *Part C* must only be signed by medical practitioners who have held *full GMC registration for at least 5 years* and who are not members of the team responsible for the care of the patient. This doctor must ensure that they speak directly to the medical officer who filled in the first section to ascertain the cause of death, and that they examine the body to confirm death. Fees are payable for completion of the certificate, and you should declare these in your annual tax returns.

When should the Coroner be informed of a death?

There is a *statutory duty* upon every Medical Officer immediately to inform the Coroner when there is reason to believe that the deceased person died, either directly or indirectly

- (a) As a result of *violence or misadventure* or by unfair means;
- (b) As a result of *negligence or misconduct* or malpractice on the part of others;
- (c) From any *cause other than natural illness or disease* for which they had been seen and treated by a registered Medical Practitioner within **28 days** prior to their death.
- (d) In such circumstances as may require investigation (including death as the result of the administration of an *anaesthetic* or immediately following an *operation*).
- (e) Was suffering from a *notifiable industrial disease* (e.g. Asbestos related disease)—even though it was not the cause of death.

Before notifying the Coroner, the advice of an experienced colleague should be sought. The member of the Medical Staff should also inform the Consultant in charge of the patient. A *clinical summary must be prepared* for the state pathologist, but again a senior colleague should review this where possible. You do not have to obtain consent from the relatives, but must always take time to inform them about what a coroner's post-mortem / inquest involves. If you are asked to provide a statement by the Police acting on behalf of the Coroner, you are entitled to make a written statement but first seek advice from the **Trust's Risk management Co-ordinator** (ext. 3311) and/or your own medical protection society.

Where a death is reported to the Coroner it is purely a matter for the Coroner should he decide to arrange an Autopsy with the Forensic Pathologists in the Department of Forensic Pathology in the Royal Victoria Hospital, Belfast. In those cases where the

decision is at the discretion of the Coroner, it is especially important that you keep the relatives informed. Requests for information regarding the result of a coroner's autopsy report should be directed either to the Coroner or to the Forensic Pathology Department in Belfast. The Laboratory and the Hospital Pathologist should not be contacted in this regard.

If you are called to give evidence in a Coroner's court or prepare a report for the Coroner, you should first discuss it fully with your consultant, the Trust's Risk management Co-ordinator and/or your own medical protection society. ***Do not release any report to the police or Coroner without showing it to the Trust's Risk management Co-ordinator.*** This is particularly important when the family of the deceased have employed a barrister to represent them in court, or if you feel that an allegation of medical negligence will be made in court.

When should I ask for a hospital autopsy?^{15A, 15B}

Never sign a death certificate without considering if there is a potential benefit from a hospital autopsy - (this is particularly relevant if the patient is not known to you). Hospital autopsies (see below) have an important role in post-graduate education and in the audit of the quality of medical care. In many cases the patient has been undergoing investigation for a natural illness, but the exact nature of the problem is unclear at the time of death. When a hospital autopsy is thought to be of potential benefit, the doctor involved at the time of the patient's death should exercise sensitivity in speaking to the deceased's nearest relative to obtain signed consent. The hospital has a detailed information and consent form for hospital post-mortems, which you must explain to the relatives. You should not attempt to coerce the relatives to give consent or threaten them that if they do not consent it will be a Coroner's case. You should familiarise yourself with the '*Guidelines on retention of tissues and organs*'^{15A, 15B} and be aware of the sensitive nature of the subject.

There is a separate protocol listed for obtaining a hospital autopsy and these are available on each of the wards. Briefly, ***hospital autopsies must be arranged directly between the doctor involved and the Pathologist.*** This should not be delegated to Nurses or Mortuary technicians. A signed consent form by the next of kin must be obtained prior to autopsy along with a ***brief clinical summary*** for the Pathologist. Relatives must not be promised a specific time when a body will be released to them after an autopsy, as this is a matter to be arranged by the mortuary staff after the autopsy.

Please note that in the departments of Paediatrics and Obstetrics that doctors are asked to encourage parents who have lost their baby to have an autopsy for the benefit of the Confidential enquiry into stillbirths and Neonatal deaths.

Informing the GP

When a patient dies, one of the medical staff responsible for the patient (usually the House Officer) must inform the deceased's General Practitioner by telephone as soon as possible.

Text References

¹ 'Good Medical Practice' Guidelines from the GMC

² Procedures for doctors to report concerns about the Conduct, Performance or health of Medical Colleagues

³ Trust policy on Protection of Patient and Client Information Altnagelvin HSS Trust, 2000.

⁴ Disciplinary Procedures for Medical and Dental Staff Altnagelvin HSS Trust, 1999.

⁵ Clinical Audit Strategy

⁶ Study Leave Guidelines: NI Council For Postgraduate Medical And Dental Education

This document may be obtained from the Postgraduate Clinical Tutor or the Medical Personnel Office.

⁷ Major Emergency Plan (pages 8, 13 to 15). Altnagelvin HSS Trust, 2000.

⁸ Patients Case notes Standards

⁹ Oncology: Information and guidelines for junior doctors, Altnagelvin Cancer Unit, 2000.

¹⁰ Accident and Emergency Department handbook

¹¹ Control and Administration of Medicines

¹² Hospital Formulary

¹³ Regulations and guidelines for the safe administration of blood and blood products (Altnagelvin)

¹⁴ "Do not Resuscitate" policy

¹⁵ Guidelines for the retention of tissues and organs at post-mortem examinations (Royal College of Pathologists, March 2000)

¹⁶ Organ Retention: Interim guidance on post-mortem examination (CMO, March 2000)

¹⁷ Laboratory services Handbook

¹⁸ "Making The Best Use Of A Department Of Clinical Radiology" Royal College of Radiologists booklet

¹⁹ Procedure for handling complaints (Altnagelvin HSS Trust, 1998)

General: Health and Safety Policy, Altnagelvin HSS Trust, 2000.

ICU admission policy

BMA booklet on Consent