**Coroners reporting template for patients under Dols**

Under the Coroners and Justice Act 2009, there is a duty to hold an inquest where a person dies ‘otherwise in state detention’. The Chief Coroner’s guidance now confirms his opinion that an authorised Deprivation of Liberty (DoL) will amount to state detention, and will, therefore, oblige the Coroner to hold an inquest.

The GP who is called to confirm death of the patient whilst still subject to a DoL **will not** be able to issue a death certificate, but instead will be asked to confirm death has occurred and provide the coroner with relevant information relating to the persons health and wellbeing before their death and advice if their death was expected.

This requirement is further re- enforced in the following text of [Department of Health, 'Reporting the death of a person subject to an authorisation under the Mental Capacity Act Deprivation of Liberty Safeguards' (Gateway ref 15453, 19/1/11)](http://www.dh.gov.uk/en/SocialCare/Deliveringsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/DH_123578): *‘If a death is referred to a coroner, a doctor should not issue a Medical Certificate of Cause of Death until the coroner has made a decision about whether or not to undertake further investigation. This is not a legal requirement but it avoids the family thinking they can register the death before the coroner has made his or her decision. Care homes and hospitals who are managing authorities under the Mental Capacity Act Deprivation of Liberty Safeguards, need to know how to contact the relevant coroner's office should a person in their care who is deprived of their liberty die whilst subject to that authorisation. If in doubt, it is always preferable to report the death as no harm can come from this cause of action, whereas not reporting the death can be problematic’*.

In response to the above, Dr N. Joshi (GP) in Leicester city with the support of the CCG Hosted Safeguarding team working on behalf of Leicester City, West Leicestershire and East Leicestershire and Rutland CCG’s; City & County Coroner’s; and the LMC, have created a reporting template that can be imported directly onto System 1. With some adaptions the template can also be used on EMIS. The coroner Mrs Catherine Mason has been instrumental in advising the key lines of enquiry the coroner would require on the template.

**CORONER’S REPORT FOR PATIENT UNDER DOLS**

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| **PATIENT DETAILS** |
| **Name** | <Patient Name> |
| **Address** | <Patient Address> |
| **Date of birth** | <Date of birth> |
| **Date and time of death** | Date: <Date of Death> |
| **I can confirm that I viewed the body after death on**  | Date       |
| **NEXT OF KIN DETAILS** |
| **Name** | <Relationships>        |
| **Address** | <Relationships>       |
| **GENERAL** |
| **Date registered at practice** |       |
| **Date last seen by practice clinician (Dr or ANP)** | Date:       |
| Name:       |
| Role:       |
| Reason for consultation:       |
| **DOL start date** |       |
| **DOL end date (if applicable)** |       |
| **RELEVANT PATIENT HISTORY PRIOR TO DEATH** |  |
|       |

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| **CAUSE OF DEATH** |
| **Was this an expected death** | Yes [ ]  | No [ ]  |
| **Are you able to give an opinion on cause of death?** | Yes [ ]  | No [ ]  |
| **Do you think a post mortem examination would reveal anything further about the death?** | Yes [ ]  | No [ ]  |
| If NO, in my opinion the cause(s) of death is: (no abbreviations)1a Disease or condition leading to death1b Other disease or condition if any leading to (a)1c Other disease or condition if any leading to (b)2 Other significant condition contributing to death but not related to the disease or condition causing it |  |       |
| 1a. |       |
| 1b. |       |
| 1c. |       |
| 2 |       |
| **OTHER INFORMATION** |
| **Did the deceased undergo any operations or procedures in the last 12 months?** | Yes [ ]  | No [ ]  |
| **If YES, did any of these contribute to the death (please give details below)?** | Yes [ ]  | No [ ]  |
| **Further details:**       |
| **Does the patient have a pacemaker in place?** | Yes [ ]  | No [ ]  |
| **MEDICATION SUMMARY (EXTRACTED FROM ELECTRONIC PATIENT RECORD):** |
| <Repeat Templates(table)> |

**Not for Disclosure**

*(Remove if medical history can be disclosed)*

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| **PROBLEM SUMMARY (EXTRACTED FROM ELECTRONIC PATIENT RECORD):****\*Note – if there are any sensitive items in the patient record you may wish to disclose these to the coroner separately** |
| <Problems(table)> |

**At the time of the death the deceased was subject to a Deprivation of Liberty (DoL) Safeguard.**

**I can confirm that the cause of death was natural and I have no concerns relating to the care of the deceased and none have been made known to me.**

I hereby certify that I was in medical attendance during the above named deceased’s last illness and that the particulars and the cause of death written above are true to the best of my knowledge and belief.

I am not aware of any prospective difficulty with the disposal arrangements for the body (e.g pacemaker)

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** <Today's date>

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| --- | --- | --- | --- |
| **PRINT NAME** | <Your Name>       | **GMC No**  |       |
| **PRACTICE** | <Usual Branch Address> Tel: <Usual Branch Address> |

***Insert Coroner’s FAX and telephone number.***