

25 February 1982

Dear

## REPORT OF THE COMMITTEE ON DEATH CERTIFICATION AND CORONERS (BRODRICK REPORT)

As you know, the above Committee was set up in 1965 "to review (a) the law and practice relating to the issue of medical certificates of cause of death and for the disposal of dead bodies, and (b) the law and practice relating to coroners, coroner's courts and the reporting of deaths to the coroner, and related matters; and to recommend what changes are desirable".

The Committee reported in 1971 (Cmd 4810) and although some of the recommendations involving the coroner have been implemented, the main proposals in Part 1 about the medical certification of the cause of death have yet to be brought into effect.

The passage through Parliament last year of a private member's Bill, now the Industrial Diseases (Notification) Act, re-awakened the general desire to implement the recommendations for improving the system of medical certification of the fact and cause of death. I have now been asked to consult the medical profession on whether a further Bill should be prepared to implement those recommendations which are concerned with the certification and registration of deaths and reports to coroners.

The relevant Brodrick recommendations are contained in Part 1 of the Report and can be described in general terms as follows:-

- (a) The doctor would be obliged to inspect the body before completing the certificate. At present this is not a legal requirement. Before a doctor was allowed to certify the fact and cause of death for registration purposes he would have to be a fully registered medical practitioner (Recomm 1(i)) and must have attended the deceased person at least once during the seven days preceding death (Recomm 1(ii)).
- (b) The doctor in attendance would have a duty either to certify the fact and cause of death to the Registrar or report the death to the coroner (Recomm 2 (ii)).
- (c) The doctor completing the certificate, who at present states the cause of death "to the best of his knowledge and belief" would in future be required to issue a certificate only if he could state the cause with "accuracy and precision". (Recomm 4(i) and 13(i)). If he could not do this then he would be obliged to report the death to the coroner and leave the cause of death to be established by him.

- (d) There would be a new category of "reportable" deaths which would include those which are at present reported to the coroner by the Registrar. In future these would have to be reported to the coroner by the doctor. (Recomm 3).
- (e) A coroner to whom a death was reported would be required to certify the cause of death to the Registrar, not only as at present where a post mortem examination has been held by his direction or if he has held an inquest, but also in cases where he accepted a cause of death given to him by a doctor in the course of his enquiries.

These recommendations were made 10 years ago and it is time to consider whether they command support now. Although consultations are still at their very earliest stages, the members of my Medical Advisory Committee have considered these proposals and they came down in favour of the proposals numbered (b), (d) and (e) but were opposed to the recommendation (c). On (a) they were sympathetic to the proposal that in every case the doctor should be required to inspect the body before completing the certificate and that only a fully registered medical practitioner should be allowed to certify, though they considered this would involve a big change in hospital procedures. However, they did not agree with Brodrick's recommendation that the doctor should not be entitled to certify unless he had attended the patient during the last seven days of life. They thought this should be extended to 14 days.

My Advisory Committee were not in sympathy with proposal (c) because there was a belief that many doctors who, if told that they could only certify the cause of death if they could do so "with accuracy and precision", would react by refusing to sign the certificate at all. In examining this proposal I would ask that you bear in mind that the Brodrick Committee recognised that without the benefit of a post mortem examination it is impossible for the doctor to know the cause of death in the absolute sense and that the Committee was prepared to accept a standard of confidence which was expressed as follows:- "A doctor should be satisfied that he knows the medical cause of death and would be prepared to justify his conclusion before a group of his own colleagues of similar competence and experience". The actual wording proposed by the Brodrick Committee to be used on the medical certificate of cause of death was "I am confident that the cause of death was that recorded above". I should be particularly grateful for your views on whether this wording has the balance of advantage over the present phrase "to the best of my knowledge and belief".

In addition, it must be borne in mind that the Brodrick Committee in making these recommendations sought to encourage a doctor not to give a medical certificate of the fact and cause of death if he was in any doubt about the cause of death.

It is appreciated that these proposals, having the general aim of improving the accuracy with which the cause of death is determined, might lead to an increase in the number of post mortems. The effects on expenditure and on the work-load on coroners and pathologists as well as the possible reactions of the public will therefore need careful consideration.

I should be very glad to receive any comments which you may wish to make both on the Brodrick proposals and on the preliminary views as expressed by my Medical Advisory Committee.

I must add that, in consulting about the possible provisions of a Bill, there is no commitment by the Government to introduce such legislation at any particular time if it were agreed that a Bill was desirable.

I am sending copies of this letter to those on the attached list.

Yours sincerely

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