

CORONERS' WORKING PARTY

OMISSION FROM A DEATH CERTIFICATE OF AIDS

At the meeting of the Working Party on 22 May 1989 there was discussion of an article in the British Medical Journal about the deliberate omission from a death certificate of a reference to AIDS. Concern was expressed that this might lead to a failure to refer cases to Coroners which do require investigation.

View of the General Register Office

2. I have now discussed this with Mr Jenkins of the GRO. He confirmed that there is under reporting of AIDS as a cause of death on medical certificates. However, the legislation requires Doctors completing a medical certificate of cause of death to record both the cause of death and the underlying causes. If, at the time of completing the certificate, the Doctor is aware that the deceased is HIV positive, this must be recorded.

3. There is a confidential box procedure for the Doctor to use where he may be in a position later to provide additional information on the cause of death, for example after completing medical tests. However, this may only be used where the Doctor only suspects that the deceased may have been HIV positive. If he already has this knowledge it must be recorded on the certificate. The GRO does not wish the confidential box procedure to be extended to AIDS cases as this could lead to pressure for this to be applied to other diseases and would present great difficulties.

4. As far as Registrars are concerned, they have been given no specific instructions on how to deal with AIDS related deaths. It would be difficult to advise Registrars to question relatives about the cause of AIDS, but, if the Registrar has any doubts he will seek advice from St Catherine's House. He will then be told which cases should be reported to the Coroner.

Implications for Coroners

5. In general, under-reporting of AIDS related deaths could well result in a failure to report appropriate cases to the Coroner. However, the BMJ article suggests that pressure on Doctors to conceal AIDS as an underlying cause of death occurs in cases involving homosexuals. As AIDS contracted by sexual transmission would presumably be regarded as a natural death, under-reporting of these cases would not affect Coroners. In cases of AIDS contracted by drug addicts, it seems likely that the death would be reported to the Coroner because of the use of drugs. Haemophiliacs who die of AIDS following treatment with contaminated blood products are the most sensitive category. But they involve finite numbers which will diminish over time. The cases of those who acquire AIDS by contamination from the bodily fluids of an AIDS victim, are likely to be small in number and possibly there would be less pressure to conceal the AIDS connection.

6. The GRO are aware of the needs to pursue the general issue of concealment of AIDS with the medical profession. They are not prepared to adopt a confidential box procedure but they would be willing to consider issuing Registrars with guidance on how to deal with cases of haemophiliacs with AIDS and the Working Party will wish to consider whether this should be pursued.

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