Ms J Flaschner
D Division
Home Office
Queen Anne's Gate
London
SW1H 9AT

Our ref: M&G95/1865D

6 April 1995

Dear Ms Flaschner

AIDS/HIV on death certificates

I enclose a copy of a letter from Dr Anna McCormick to the Secretary of the Coroners' Society of England & Wales about the recording of AIDS/HIV on death certificates.

Also, enclosed is a covering memo sent from Dr McCormick to all doctors, Dr Swinson at DH and members of OPCS.

These are forwarded for your information.

Yours sincerely

R M Woodward
Marriages & General

Bill Jenkins

GRO-C

GRO-C

From Mr M.J.C.Burgess
Hon. Secretary

Coroners' Society of England & Wales

19 APR 1995

44, Ormond Avenue,
HAMPTON, Middx.
TW12 2RX

3 April 1995

Dr.Anna McCormick, MB, ChB, FFPHM
OPCS,
St.Catherine's House,
10, Kingsway,
LONDON WC2B 6JP

Bill - Love you any comments on this reply to the letter I sent us Burgess, a copy of which I sent you. Anna

GRO-C

13/4/95

Dear Dr. McCormick,

AIDS/HIV

Thank you for your letter of the 30 March which followed our conversation on the 21st. As outlined to you on the telephone, the concern of the Society is that whilst doctors might well be aware of the provisions of S.22 of the Births and Deaths Registration Act 1953, they may, on occasion, deliberately omit all or any reference to AIDS or HIV as being the (or an) underlying or contributory cause, even if fully aware of it.

I understand that this may be because of the stigma for the family of having this on the certificate. Thus, a certificate is issued which is, on the face of it, incorrect (for effectively it does not represent their complete knowledge concerning the death); they seek to rectify by the use of Box B and the supplementary or additional information gathering process which is thus initiated.

Doctors have no statutory duty, other than to issue a certificate under S.22, and certainly no duty to report direct to the coroner although, on occasions, they do. Registrars, on the other hand, do have a duty under R.41 Registration of Births and Deaths Regulations 1987 and for this they will rely upon the certificate before them and the explanations offered by informants.

Coroners remain concerned, therefore, that there is a divergence from the statutory requirement set out in S.22 relating to these deaths (it may well apply in other cases as well). In this way, some deaths which should be brought to the notice of the coroner are passed over by the registrar because of the inadequate certificate. If the AIDS or HIV were contracted in circumstances which were violent or unnatural, e.g. through a contaminated needle or blood product, a situation is being allowed to exist which may not, in the long run, be to the benefit of anyone, family, society, doctors or others because the opportunity to investigate these occurrences is being lost. I leave aside the more tendentious question of what is "natural" or "unnatural" so far as sexual practices are concerned. How best to address this is another matter.

It may therefore be appropriate for your letter of the 30 March to be amended to reflect some of the concerns which I have

12015

outlined in this letter without necessarily suggesting solutions and I would suggest that, for the moment at least, this correspondence passing between us should remain confidential and not for publication. I would report, for example, to the Council of my Society that "such correspondence as there is passing between us has identified a number of issues which require further study."

I await to hear from you.

Yours sincerely,

GRO-C

Reference.....

Dr McCormick

From: W JENKINS
Date: 20 April 1995

AIDS/HIV

Thank you for copying to me Mr Burgess' letter of 3 April.

I have every sympathy with Mr Burgess and his fellow coroners but the problem of doctors not completing medical certificates of cause of death as required by law, is not a new one. At other times, other conditions such as venereal disease and alcoholism have proved embarrassing for families of the deceased and doctors have tried to protect them by being 'dishonest' in completing the certificates.

On the facts of the matter, Coroner Burgess cannot be faulted and there may well be some deaths which should be brought to the notice of the coroner which are being passed over. The dilemma is that you do not wish to lose valuable statistical information by forcing the hands of doctors but in a sense, this allows doctors to 'cheat' the system and possibly prevent coroners from investigating violent or unnatural deaths. The poor registrar of births and deaths is piggy in the middle.

A long term solution to this problem (apart from changing the law) might be the better education of doctors in not only completing medical certificates of cause of death "to the best of my knowledge and belief" but in understanding the implications of not doing so. The work being carried out by the group led by Dr Murphy (to improve the design/layout of the certificate and the accompanying guidance for its completion and the production of a video) should assist. However, until there is compliance with section 22 of the Births and Deaths Registration Act 1953, we cannot hope to satisfy the coroners.

As I mentioned to you, the Handbook for Registration Officers contains no guidance about what to do when HIV or AIDs is shown in the cause of death panel. If we were asked by registrars of births and deaths individually what they should do in such cases, we would inform them that if it is apparent from the information contained in the medical certificate of cause of death or that given by the informant that the deceased had contracted AIDS from contaminated blood or blood products, or from drug taking etc, the death should be reported to the coroner. We have very, very few such enquiries because rarely does AIDS/HIV appear on the medical certificate.

CODE
018-0077
1361S

Reference.....

I suggest that before you reply to Mr Burgess that we meet to discuss the issues further. It might be as well if Mike Murphy was also present at the meeting. I am next in London on 5 May and could make a morning meeting.

GRO-C

W JENKINS

Room 115(S)
Ext GRO-C

CODE
018 - 0077

From Mr M.J.C.Burgess
Hon. Secretary

Coroners' Society of England & Wales

44, Ormond Avenue,
HAMPTON, Middx.
TW12 2RX

3 April 1995

Dr.Anna McCormick, MB, ChB, FFPHM
OPCS,
St.Catherine's House,
10, Kingsway,
LONDON WC2B 6JP

Dear Dr. McCormick,

AIDS/HIV

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I understand that this may be because of the stigma for the family of having this on the certificate. Thus, a certificate is issued which is, on the face of it, incorrect (for effectively it does not represent their complete knowledge concerning the death); they seek to rectify by the use of Box B and the supplementary or additional information gathering process which is thus initiated.

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It may therefore be appropriate for your letter of the 30 March to be amended to reflect some of the concerns which I have

outlined in this letter without necessarily suggesting solutions and I would suggest that, for the moment at least, this correspondence passing between us should remain confidential and not for publication. I would report, for example, to the Council of my Society that "such correspondence as there is passing between us has identified a number of issues which require further study."

I await to hear from you.

Yours sincerely,

GRO-C

OPCS

GRO-C

GRO-C

Fax

Mr M.J.C.Burgess.
Hon. Secretary,
Coroners' Society of England & Wales,
44, Ormond Avenue,
Hampton,
Middlesex TW12 2RX

27 April 1995

Dear Mr Burgess,

AIDS/HIV

Thankyou for your letter dated 3 April.

You have laid out very clearly some of the problems which are faced by doctors, registrars and coroners.

I have spoken with various people within this office about how we can usefully reply to your letter. I shall now get all the interested parties together so that we can take a helpful and co-ordinated approach. Unfortunately, due to annual leave, this cannot be until the beginning of June. I hope to be in a position then to respond in a constructive way.

I am sorry that this is taking so long, but I think it is important that we reach a conclusion which will hopefully lead to more uniform practice, a better understanding of what is required and of the implications involved.

Yours sincerely,

Dr Anna McCormick,
Senior Medical Statistician.

cc Dr Alderson
Mr Jenkins

95/

7

ROYAL DEVON AND EXETER HEALTHCARE NHS TRUST

Royal Devon and Exeter Hospital (Wonford)
Barrack Road, Exeter EX2 5DW

Telephone (01392) 411611

Dr Christine Swinson
Department of Health
Room 418
Eileen House
80-94 Newington Causeway
LONDON
SE1 6EF

Direct Dial: GRO-C

2 March, 1995

SI/PAP/

Dear Dr Swinson

As promised, I enclose a photocopy of a lecture to GP's given December 1992 by the Exeter Coroner, Mr Richard Van Oppen.

We had yet another bad experience last week. A 37 year old woman died from bronchial pneumonia which was put as the cause of death on the Death Certificate by the SHO. When the deceased's mother and sister presented the Certificate to the Registrar, she questioned them repeatedly until the sister felt forced to admit HIV had been diagnosed. The doctor who wrote the Death Certificate at the request of the Consultant, Dr Jeffreys, was then questioned by Mr Van Oppen for about an hour and a half regarding the Certificate and very politely insisted that he could not register the death as things stood. He then spoke to Dr Jeffreys, who was unable to persuade him to accept the Certificate, and would only register the death if the word AIDS was included. Mr Van Oppen also questioned Dr Jeffreys as to how the HIV had been acquired.

There are so many issues here, apart from the enormous distress caused to the mother who had had enough problems accepting her diagnosis.

Any help would be so much appreciated. Thank you.

Yours sincerely,

GRO-C

Sue Inglis (Mrs)
Health Advisor.

Encl.

RECEIVED
- 6 MAR 1995
3/89

EXETER HEALTH AUTHORITY

WORLD AIDS DAY

SEMINAR FOR GENERAL PRACTITIONERS

3 DECEMBER 1992

1. The Coroners' Act 1988, Section 8(1): Where a Coroner is informed that the body of a person is lying within his district and there is reasonable cause to suspect that the deceased:-

   (a) has died a violent or an unnatural death

   (b) has died a sudden death of which the cause is unknown; or

   (c) has died in prison or in such a place or in such circumstances as to require an inquest under any other Act,

   then, whether the cause of death arose within his district or not, the Coroner shall, as soon as practicable, hold an inquest into the death of the deceased.

   8. (3)

   (d) that the death occurred in circumstances the continuance or possible recurrence of which is prejudicial to the health or safety of the public or any section of the public,

   He will hold an inquest with a jury.

2. It is the duty of every person who is about the deceased when it remains in the same situation as when death occurred, or who has any information touching and concerning the circumstances by which the deceased came by their death, to give immediate notice to the Coroner or to his officer or to the appropriate officer of police of circumstances which may require the holding of an inquest. This is also true in circumstances that should lead to inquiry but which ultimately do not necessitate an inquest. It is an offence to obstruct a Coroner in the exercise of his duty, or to do anything to frustrate or prevent an inquest. In particular, it is an indictable offence to bury the body of a person before the Coroner has had the opportunity of holding an inquest on it, or in any way dispose of the body in order to prevent inquiries being made by the Coroner as to how, and the circumstances by which, the person came by his/her death.

3. A qualified medical practitioner who, within 14 days of death, has attended the deceased in their last illness and has seen the body after death, is obliged to sign and transmit to the Registrar of Births and Deaths, a certificate on a form prescribed stating, to the best of his knowledge and belief, the cause of death. Births and Deaths Registration Act 1953, Section 22 (1) and the Registration of Births, Deaths and Marriages Regulations 1968. Where such a patient is received into a hospital, he is not being attended in his last illness for this purpose until he has been examined by the certifying medical practitioner and a decision concerning his condition has been reached. If the patient dies before a decision has been reached, the death is likely to be a sudden death of which the cause is unknown and of which the Coroner must be informed.

4. The Registrar of Deaths is obliged by statute to notify the Coroner, inter alia:-

(a) the death of any person not attended during his/her last illness by a medical practitioner

(b) a death in respect of which the Registrar is unable to obtain the delivery of a duly completed certificate of cause of death

(c) any death in respect of which it appears to the Registrar that the deceased was seen by a certifying medical practitioner neither after death nor within 14 days before death

(d) any death the cause of which appears to be unknown

(e) any death which the Registrar has reason to believe to have been unnatural or caused by violence.

5. In circumstances where the medical practitioner knows, or reasonably believes, that the death is one which the Registrar of Births and Deaths is likely to report to the Coroner, the general practitioner should report the death directly to the Coroner and thereby discharge his general common law duty and save the relatives unnecessary frustration and delay which would be caused by his reporting the death to the Registrar.

6. In practical terms, if you are in any doubt as to whether to report or not, resolve that doubt in favour of reporting. Not only is the Coroner here to help but, also, it is better that the buck stops with him rather than with you. He is a Judge. He has judicial privilege and can be appealed. You are not a Judge, have no privilege and cannot be appealed. You may be prosecuted or disciplined. You can be sued and claims pop up from all sorts of unexpected quarters.

7. What constitutes an unnatural death? There is no legal definition. (From early statutes and writers it appears to have been one where there was some suspicion of foul play or other wrong doing. Hale, contrasted "unnatural or violent death" with death through "fever or apoplexy or other visitation of God". In more modern times it has been said that "no doubt the main object of all such enquiries is to ascertain whether the death has been caused by any violence or criminal act". There must be "a reasonable suspicion that there may have been something peculiar in the death; that it may have been due to other causes than common illness.")

The meaning of the words "unnatural" or "natural" is not a question of law, even though they form part of the legal rule governing the circumstances in which a Coroner has a duty to hold an inquest. There is authority for the proposition that the meaning of "natural" and "unnatural" being ordinary words of the English language is a question of fact, not a question of law.

The distinction between the two is difficult and to some extent is based on convention within our society rather than on rules of law.

Since there is no legal definition of what is "natural" or "unnatural" the Coroner has to consider all the circumstances, including medical evidence and opinion, together with the current values of our society in order to make a judgment on this issue.

Where the Coroner decides that a particular death was, or may be, contrary to the current values of our society, he must hold an inquest.

In cases where this problem arises, the Coroner must first ask himself the question "Did the death occur in circumstances where the continuance or possible recurrence of which is prejudicial to the health or safety of the public or any section of the public" (Section 8(3)(d)). If the answer is "yes" he must hold an inquest with a jury.

Ultimately, therefore, the question of whether a death is from unnatural causes is a question for a properly-directed Coroner's jury to decide.

It would appear that, unless the courts hereafter take the view that the word "unnatural" is not an ordinary word of the English language, the view taken by a Coroner as to whether a particular death is "unnatural" will not be interfered with by the courts, unless the decision was completely unreasonable.

8. I have set out the basic, and relevant, principles of law which govern whether or not a death should be reported to the Coroner. I know of no authority, statutory or otherwise, which excludes the application of these principles to a death, the cause of which is, or is suspected to be, from AIDS.

It is necessary, therefore, specifically now to apply these principles to such AIDS or AIDS-related, deaths. I consider it is sensible first to divide such deaths into the following groups:-

1 Homosexual
2 Bisexual males
3 Intravenous drug abusers
4 Haemophiliacs (a) returned from Africa during the last 6 years, and
(b) treated with defective/contaminated blood products
5 Sexual partners or babies of any of these
6 Long-term prison inmates.

As I understand it these are the high-risk groups (Handbook of Mortuary Practice and Safety for Anatomical Pathology Technicians - The handling of Aids Cases).

Before you sign the Death Certificate, it will be necessary for you first to consider whether the death is one which should be reported to the Coroner, pursuant to your professional, general and common law duty. You will therefore have to consider whether the death is one which would lead the Coroner to holding, or it would be proper for him to consider holding, an inquest. That is to say, was the death violent or "unnatural"?

If you have treated an AIDS patient within 14 days of death and have seen the patient after death you are obliged to sign and transmit to the Registrar a Death Certificate stating, to the best of your knowledge and belief, the cause of death (unless you have reported it to the Coroner). AIDS or AIDS-related disease will therefore appear on your Death Certificate at either (a), (b), (c) or 2, whichever is appropriate, eg. If you are satisfied that the cause of death was pneumocystis carinii,pneumonia, due to AIDS first will be (a) and AIDS will be (b).

Bearing in mind that you do not have judicial privilege and cannot be appealed, but can be prosecuted, sued or disciplined, are you prepared to take upon yourself the responsibility of what is, or is not, violent and what is or is not unnatural? That is to say, determining what are, and are not, the current values of our society; whether or not death in such circumstances is one from a common illness.

9. I venture an opinion:-

1) Deaths from AIDS contracted intravenously, ie the drug abuser and a haemophiliac, the death is violent and unnatural and shall be reported.

2) Deaths in prison or custody will not be your problem, for they must be reported in any event and an inquest held.

3) Homosexuals and bisexual males. It may be there is no excape from confrontation with the question "Is death from a disease which is the direct consequence of anal intercourse 'natural' according to the current values of our society?"

If there are what you consider to be reasonable doubts about the answer to that question, you should report the death to the Coroner. He will then have to consider the question himself. If he concluded that anal intercourse was natural, according to the current values of our society, he would issue a pink Form A. If he considered otherwise, he would hold an inquest. If he considered that the death occurred in circumstances, the continuance or possible recurrence of which is prejudicial to the health or safety of the public - or any section of the public - he would hold the inquest with a jury. All or any of his decisions, either way, are subject to appeal.

4) It may be unhelpful for you to know that this Coroner considers that death from AIDS, as a direct consequence of anal intercourse, is - on the balance of probability - "unnatural", according to the current values of our society and is proper to put to a jury.

5) There are many complicating factors in these deaths, not least of which is the protection of the deceased, the anguish of the bereaved, and the need to balance the law with justice and to dispense both with compassion.

6) Deaths of haemophiliacs and drug abusers have been reported to me. With the former, I have issued a pink Form A or B, where I am satisfied that a claim for damages is not in any way prejudiced by my action, whereas with the drug abuser I hold an inquest. As yet, no death of a homosexual or bisexual has been reported to me.

end.

OPCS
OFFICE OF POPULATION CENSUSES & SURVEYS

Health Statistics

St Catherine's House
10 Kingsway
London WC2B 6JP

Direct Dial GRO-C
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or 071 - 242 0262
GTN GRO-C
Fax

01 MAY 1995

Mr M.J.C.Burgess.
Hon. Secretary,
Coroners' Society of England & Wales,
44, Ormond Avenue,
Hampton,
Middlesex TW12 2RX

27 April 1995

Dear Mr Burgess,

AIDS/HIV

Thankyou for your letter dated 3 April.

You have laid out very clearly some of the problems which are faced by doctors, registrars and coroners.

I have spoken with various people within this office about how we can usefully reply to your letter. I shall now get all the interested parties together so that we can take a helpful and co-ordinated approach. Unfortunately, due to annual leave, this cannot be until the beginning of June. I hope to be in a position then to respond in a constructive way.

I am sorry that this is taking so long, but I think it is important that we reach a conclusion which will hopefully lead to more uniform practice, a better understanding of what is required and of the implications involved.

Yours sincerely,

Dr Anna McCormick,
Senior Medical Statistician.

cc Dr Coleman
Mr Jenkins for information

22A

Reference.....

Dr McCormick

From: W Jenkins

Date: 24 April 1995

Thank you for sending me a copy of the paper "General practitioners' knowledge of when to refer deaths to a coroner" which appeared in the April 1995 edition of the British Journal of General Practice.

I wholeheartedly concur with the recommendations in the final paragraph on page 193. Many of them are concerned with educating the general practitioner, and Mike Murphy's project, in which Dr Aylin is playing a leading role, will help to address this issue.

The paper recognises (sub heading "Discussion" on page 192) the problems that can arise if doctors do not report deaths to coroners. The distress that can be caused relatives when the registrar refers the death to the coroner cannot be overstated. Similarly, as in the case of AIDS/HIV, failure to report can have a wide range of outcomes and the practitioner's first concern should not be the potential embarrassment caused colleagues or relatives.

The second paragraph on page 193 does not tell the whole story and is misleading. The statement in the penultimate sentence that some registrars will not accept an examination of the body as an alternative to attendance during the last 14 days is untrue. A doctor is qualified to issue a medical certificate if he attended the deceased during the last illness. It is for the doctor to decide the duration of the last illness. Registrars are required to report certain deaths to the coroner. One example is where the deceased has not been seen by the certifying medical practitioner either within 14 days of death or after death. This rule is quite clear to registrars but it has not been made clear in this paragraph.

GRO-C

W JENKINS
Rm S-115, ☎ GRO-C

CODE
018-0077

OPCS

4

GRO-C

or 071 242 0262

GIN GRO-C

Fax

Mr M.J.C.Burgess.
Secretary,
Coroners' Society of England & Wales,
44 Ormond Avenue,
Hampton,
Middx TW12 2RX

30 March 1995

Dear Mr Burgess,

The Registrar General thanks you for your letter dated 20 February 1995 and has asked me to reply. I apologise for the delay.

As you are aware, the Births and Deaths Registration Act 1953, section 22, states that 'In the case of death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death....'

From this it appears that the doctor is legally required to state AIDS or HIV in part I of the certificate if he believes this to be the cause or one of the causes of death, or if contributing to the death but not relating to the cause of it, in part II.

If the doctor anticipates that he may later have additional information as to the cause of death for the purpose of more precise statistical classification, he can initial Box B on the reverse of the certificate. This facility is intended for use, for example, when blood tests or histology results are awaited and there is no reason to delay disposal of the body by witholding a certificate. The public record is not altered as a result of this additional information, but it is used to update the record at OPCS. Some doctors do use this process to inform OPCS of a death due to AIDS or HIV where this is not stated as the cause on the death certificate. I am doubtful whether reminding doctors that they have an obligation to state AIDS or HIV as a cause when appropiate would induce them to change their ways. In fact it may lead some to cease initialling Box B, with the result that much valuable statistical information would be lost to OPCS.

As far as reporting a death to the coroner is concerned, again, this office can only quote the Coroners Act 1988. This states that 'where a coronor is informed that the body of a person is lying within his district and there is reasonable cause to suspect that the deceased-

(a) has died a violent or unnatural death;

(b) has died a sudden death of which the cause is unknown; or

(c) has died in prison ...

then ... the coroner shall as soon as practicable hold an inquest into the death ...'

I would suggest that the interpretation of definitions of terms used in the text of the Act are a matter for coroners and/or the Home Office.

I hope that this is helpful.

Yours sincerely,

Dr Anna McCormick MB,ChB, FFPHM

leave and I have not been able to find out whether she had additional information. I may follow this up later.

GRO-C

W JENKINS

Room 115(S)
Ext GRO-C

DRAFT ADDITION TO D4 5b OF THE HANDBOOK FOR REGISTRATION OFFICERS

Where "Acquired Immune Deficiency Syndrome" (AIDS) or "Human Immunodeficiency Virus (HIV) has been recorded the death should not be reported to the coroner solely for this reason. However, where an informant to a death registration voluntarily informs the registrar that the death was caused by contaminated blood products, contaminated needles or otherwise drugs related, the death should be reported to the coroner. Unless such information is volunteered by the informant a registrar should not otherwise question the cause of death in such circumstances.

OPCS
OFFICE OF POPULATION CENSUSES & SURVEYS

P J Wormald CB
Director and Registrar General

St Catherine's House
10 Kingsway
London WC2B 6JP

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Fax 0171 - 396 2576

- 7 SEP 1995

Mr M J C Burgess
Coroners' Society of England and Wales
44 Ormond Avenue
Hampton
Middlesex
TW12 2RX

21 August 1995

Dear Mr Burgess

IMPROVEMENT OF DEATH CERTIFICATION FOR DEATHS INVOLVING AIDS OR HIV

Thank you for your letter of 20 February 1995. I apologise for the extended delay in replying to you. You will appreciate the complexity of the issue: it has been necessary to consult widely.

Section 22 of the Births and Deaths Registration Act 1953 ('In the case of death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death . . .') in effect requires the doctor to state AIDS or HIV in Part I of the certificate if he believes this to be a cause of death, or in Part II if he believes it to be contributory but not causal.

If the doctor expects in due course to receive additional pathological information which may enable more precise statistical classification of the cause of death, he can initial Box B on the reverse of the certificate. The public record is not altered by this additional information, but OPCS records used to derive mortality tables are amended. This procedure is intended for use when there is no reason to delay disposal of the body by withholding a certificate. The information sometimes includes mention of AIDS or HIV when this was not included on the original certificate.

I am doubtful as to whether simply reminding doctors of their obligation to state AIDS or HIV on the original death certificate, when appropriate, would alter their behaviour. It would be additionally unfortunate if this were to have the paradoxical effect of dissuading them from initialling Box B in such cases, since anonymised information derived from this source is also used to monitor the AIDS epidemic, to guide health education strategy and to plan the provision of health care.

Section 8 of the Coroners' Act 1988 states that: 'Where a coroner is informed that the body of a person is lying within his district and there is reasonable cause to suspect that the deceased -

(a) has died a violent or unnatural death;

(b) has died a sudden death of which the cause is unknown; or

(c) has died in prison . . .

then . . . the coroner shall as soon as practicable hold an inquest into the death . . .'.

Interpretation of this Act is apparently a matter for the coroners and the Home Office, but coroners, as statutory office holders with judicial authority, effectively have local jurisdiction over which categories of death should be referred to them, and there is clearly a wide range of opinion as to what can be described as 'unnatural'. One coroner is known to argue that homosexuality is unnatural, and that all AIDS-related deaths in males in his jurisdiction should therefore be referred to him. OPCS would not want this view to be seen as acceptable, and I shall be seeking advice from the Home Office.

OPCS is currently taking various steps to improve the quality of death certification practice. A revised form of the death certificate will be piloted in both hospital and general practice shortly, and you have been separately informed of this. The guidance notes on completion of the certificate have been revised as part of this exercise, but they do not currently address the issue of AIDS and referral to a coroner. This will be reviewed. A video is also being prepared for the instruction of medical students and junior doctors. The instructions given to registrars of births and deaths about when to refer deaths to a coroner are also under review.

Yours sincerely

GRO-C

P J Wormald

Reference 29A

Prof Coleman

From: W JENKINS
Date: 4 July 1995

Copy: Dr McCormick
Dr Rooney
Dr Murphy
Dr Aylin
Dr Catchpole
Ms Dunnell

REGISTRATION OF AIDS/HIV RELATED DEATHS

I have no comment to offer on the note prepared by Dr McCormick of the meeting held on 29 June but suggest that the draft letter to Mr Burgess be amended in the penultimate paragraph. For the sake of accuracy, the final sentence "Dr Aylin is responsible etc ....." should come before the sentence beginning "OPCS is also reviewing ..... coroners". It is not a part of Dr Aylin's remit to look into the instructions issued to registrars.

Dr McCormick also listed a few things she picked up during the meeting and I have amended this list as appropriate. I enclose for your information an amended version which I shall copy also to recipients of this minute.

GRO-C

W JENKINS

Room 115(S)
Ext GRO-C

CODE 18-77

TITBITS FROM THE MEETING ON AIDS/HIV DEATH REGISTRATION ON 29 JUNE 1995

Doctors

Doctors have a duty under common law to report certain deaths to the coroner.

Doctors must issue a death certificate, if they are qualified to do so, even if the death is reported to the coroner.

The only qualification for a doctor to issue a certificate is that he attended the deceased during the last illness.*

If no doctor is qualified to sign a certificate the death must be reported to the coroner.*

If the doctor has not seen the deceased either within 14 days of death, or after death, the death should be reported to the coroner and if the coroner does not direct a PM to be held or does not want to hold an inquest, the doctor's certificate stands.*

It may be possible for the death of a patient dying in hospital before being seen by hospital staff to be certified by his GP if he has attended him in his last illness.*

One example of an uncertified death is one for which no doctor is qualified to sign a certificate, for example if the GP is away, and the coroner gives the cause of death on a Pink Form Part A. He usually obtains this information from the practice or hospital.

If the death is not reported before registration to the coroner but subsequent information received by OPCS (ME or B box) indicates that it should have been, registration division asks the registrar to report the death to the coroner.

If doctors do not want to put AIDS or HIV on the death certificate they could report the death to the coroner having put something else on the certificate, but if the coroner holds a post mortem or an inquest, the certificate and therefore the public record will have AIDS/HIV on it.

Coroners

A coroner, to a large extent, has jurisdiction over what should be referred to him.

Coroners are appointed by and paid for by local authorities but not "employed" by them.

Coroners are statutory office holders. The Home Office, which issues instructions and guidance through the Coroner's Circulars etc runs them on a day-to-day basis.

Coroners are paid on a workload basis: on the number of cases referred to them. The local authority has to pay for any post mortems they request.

If a coroner wishes to have additional causes not covered by the regulations reported to him, Registration division advises the coroner that he does so on his own responsibility.

What counts is how an individual coroners interprets the term 'unnatural'; coroners interpret this differently; Registration division would value guidance on which HIV deaths should be reported, if any.

General

Those at the meeting felt that as homosexuality is legal among consenting adults, it can not be considered unnatural.

Drug users with AIDS/HIV should be reported to the coroner because they are drug users.

Any death mentioning hepatitis B should be reported to the coroner.

4 July 1995

* Denotes errors in lecture from Exeter.

98A

3 JUL 1995

To:

Prof M.Coleman
Mr W.Jenkins
Dr C.Rooney
Dr M.Murphy
Dr P.Aylin
Dr M.Catchpole
MS Dunnell (for information)

From:

Dr A.McCormick

29 June 1995

Registration of AIDS/HIV related deaths

Please find attached:

1. Notes of the meeting held on 29 June 1995

2. Draft of the letter (see 3.1)

   PLEASE LET MICHEL COLEMAN HAVE ANY COMMENTS A.S.A.P

3. List of a few things which I picked up during the meeting from Bill Jenkins which I think you might find interesting.

Bill

Please let me know if I have misinterpreted or omitted anything

GRO-C

153/14

Mr Jenkins

238

Registration of AIDS/HIV related deaths

Notes of a meeting held at SCH on 29 June 1995
Present: Prof M.Coleman (M.C)
Mr W.Jenkins (W.J)
Dr C.Rooney (C.R)
Dr A.McCormick (A.McC)
Apologies from Dr M.Murphy, Dr P.Aylin and Dr M. Catchpole

1. The problem
   1.1 The secretary of the Coroners' Society has asked for details of any advice and/or instructions OPCS gives to doctors or registrars concerning those who have died from AIDS or HIV
   1.2 Documents passed to OPCS from DH indicate that there is no agreement among coroners as to which, if any, deaths from AIDS/HIV should be reported to them
   1.3 Only 60 percent of all known AIDS/HIV related deaths have this coded as a final cause

2. Discussion
   2.1 It was agreed that doctors must sign a certificate for every death for which they have attended during the last illness, and must state the cause of death to the best of his knowledge and belief (see attached note)
   2.2 Mr Jenkins outlined clearly the statutary powers of the coroner (see attached note) and the responsibilities and limitations of registrars
   2.3 Ambiguities in the law, lack of standardisation between coroners and relationships between coroners and registrars were among the subjects discussed at length

3. Action points
   3.1 A.McC will redraft a reply to Mr Burgess (Sec, Coroners' Society) and circulate, comments to M.C, who will coordinate these before sending further draft to the RG via J.Fox for approval
   3.2 W.J will feed in the conclusions from this meeting to Paul Aylin's education group meeting next week
   3.3 W.J will review instructions to registrars on the basis of this discussion, along the lines of 'deaths that need not be reported to the coroner' document, to be sent to M.C to be appended to the draft letter to be sent to the RG
   3.4 A.McC will request a copy of Dr Swinson's reply to Mrs Inglis
   3.5 C.R will search for the record of the patient mentioned in Mrs Inglis's letter and forward to W.J. who will clarify the position with the registrar
   3.6 M.C will liaise with the Home Office regarding the letter sent to the Sec of the Coroners' Soiety and other measures to be taken by OPCS. He will suggest that the Home Office may like to consider issuing advice to coroners
   3.7 Every opportunity will be taken through input to the twice yearly coroners' training programme (W.J) and the monthly meeting between the Home Office and reps from the Coroners'Society (C.R or whoever invited from OPCS)

Anna McCormick. 29 June 1995

DRAFT - 29 JUNE 1995

Mr M.J.C.Burgess.
Secretary,
Coroners' Society of England & Wales,
44 Ormond Avenue,
Hampton,
Middx TW12 2RX

Dear Mr Burgess,

The Registrar General thanks you for your letter dated 20 February 1995 and has asked me to reply. I apologise for the delay.

As you are aware, the Births and Deaths Registration Act 1953, section 22, states that 'In the case of death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death....'

From this it appears that the doctor is legally required to state AIDS or HIV in part I of the certificate if he believes this to be the cause or one of the causes of death, or if contributing to the death but not relating to the cause of it, in part II.

If the doctor anticipates that he may later have additional information as to the cause of death for the purpose of more precise statistical classification, he can initial Box B on the reverse of the certificate. This facility is intended for use, for example, when blood tests or histology results are awaited

and there is no reason to delay disposal of the body by withholding a certificate. The public record is not altered as a result of this additional information, but it is used to update the record at OPCS. Some doctors do use this process to inform OPCS of a death due to AIDS or HIV where this is not stated as the cause on the death certificate. I am doubtful whether reminding doctors that they have an obligation to state AIDS or HIV as a cause when appropiate would induce them to change their ways. In fact it may lead some to cease initialling Box B, with the result that much valuable statistical information would be lost to OPCS. This information is used in an anonymised form for monitoring the AIDS/HIV epidemic, and for planning health education policies and health care provision.

As far as reporting a death to the coroner is concerned, again, this office can only quote the Coroners Act 1988. This states that 'where a coronor is informed that the body of a person is lying within his district and there is reasonable cause to suspect that the deceased-

(a) has died a violent or unnatural death;

(b) has died a sudden death of which the cause is unknown; or

(c) has died in prison ...

then ... the coroner shall as soon as practicable hold an inquest into the death ...'

I would suggest that the interpretation of definitions of terms used in the text of the Act are a matter for coroners and/or the Home Office.

OPCS policy is always to encourage doctors and registrars to

fulfill the requirements of the law. We are aware that doctors do not always record the cause of death accurately, for a variety of reasons. OPCS is currently preparing teaching material, including a video, for the instruction of medical students and doctors. Both clinicians and coroners have contributed towards the design of the material used. OPCS is also reveiwing its instructions given to registrars regarding referal to coroners. Dr Paul Aylin is responsible for this project and I should be grateful if any enquiries about it could be directed to him at the above address.

I hope that this is helpful.

Yours sincerely,

Dr Anna McCormick MB,ChB, FFPHM (or whoever is appropiate)

Mr R.J.C.Burgess,
Coroners' Society of England & Wales,
Hampton.

The Registrar General thanks you for your letter dated 25 February 1993 and has asked me to reply. I apologise for the delay.

As you are aware, the Births and Deaths Registration Act 1953, section 22, states that 'In the case of death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death....'

From this it appears that the doctor is legally required to state AIDS or HIV in part I of the certificate if he believes this to be the cause or one of the causes of death, or if contributing to the death but not relating to the cause of it, in part II.

If the doctor anticipates that he may later have additional information as to the cause of death for the purpose of more precise statistical classification, he can initial Box B on the reverse of the certificate. This facility is intended for use, for example, when blood tests or histology results are awaited

Titbits from the meeting on AIDS/HIV death registration on 29 June 1995.

Doctors:

It is common law practice for doctors to report to the coroner.

Doctors must issue death certificate even if reported to coroner.

If the doctor reports the death to the coroner, he should not give the completed death certificate or the form authorising disposal to the informant, or the body could be disposed of before the death has been registered.

The only qualification for a doctor to sign a certificate is that he attended the deceased during the last illness. *

If no doctor is qualified to sign a certificate the death must be reported to the coroner. *

If doctor has not seen the deceased either within 14 days of death, or after death, the death should be reported to the coroner and if the coroner does not want to hold an iinquest, the doctor's certificate stands. *

A patient dying in hospital before being seen by hospital staff may have his certificate signed by his GP if he has attended him in his last illness, and the GP will give the cause of death (it is not then a 'sudden death'). *

An uncertified deathis one for which no doctor is qualified to sign a certificate, for example if the GP is away and the coroner gets the cause of death from the pratice or a hospital.

If the death is not reported befor registration to the coroner but subsequent information received by OPCS (ME or B box) indicates that it should have been, registration division asks the registrar to report the death to the coroner.

If doctors do not want to put AIDS or HIV on the death certificate they could report the death to the coroner having put something else on the certificate, but if the coroner holds an inquest the certificate and therefor the public record will have AIDS/HIV on it.

Coroners:

A coroner has jurisdiction over what should be refered to him.

Coroners are appointed by and paid for by local authorities but not "employed" by them.

Coroners are agents of the Crown through the Home Office, which issues instructions and guidence and runs them on a day-to-day basis, and through their Coroner's Circular.

Coroners are paid on a workload basis: on the number of inquests they hold. The local authority has to pay for any post mortems

they request.

If a coroner wishes to have additional causes not covered by the regulations reported to him, registration division advises the coroner that he does so as ~~his~~ own responsibility.

What counts is how an individual coroner interprets the term 'unnatural'; coroners interpret this differently; registration division would value guidence on which HIV deaths should be reported, if any.

General:

Those at the meeting felt that as homosexuality is legal among consenting adults, it can not be considered unnatural.

Drug users with AIDS/HIV should be reported to the coroner because they are drug users.

Any death mentioning hepatitis B should be reported to the coroner.

~~NB If there are errors recognised by Bill Jenkins or those present, please let me know and I will cirulate amendments.~~

Anna Mcormick
29 June 1995

* denotes errors in letter from Exeter.

OPCS policy is always to encourage doctors and registrars to fulfill the requirements of the law. We are aware that doctors do not always record the cause of death accurately, for a variety of reasons. OPCS is currently preparing teaching material, including a video, for the instruction of medical students and doctors. Both coroners and clinicians have been involved in the design. OPCS is also reviewing its instructions to registrars regarding referal to coroners.

The person responsible for this project overall is Dr Paul Aylett. I should be grateful if any further queries could be directed to him at the above address.

25A

19 JUN 1995

Prof M.Coleman
Mr W.Jenkins
Dr M.Murphy
Dr C.Rooney
Dr P.Aylin
Dr M.Catchpole
Ms K.Dunnell (for information)

Meeting to discuss registration of AIDS/HIV related deaths

Thursday, 29 June, at 10.00
Room 510, St Catherine's House

AGENDA

(Please see BACKGROUND NOTES attached)

1. Registering cause of death
   - requirements of law
   - current guidance
   - current practice
   - options for change

2. Reporting to the coroner
   - requirements of law
   - current guidance
   - current practice
   - options for change

3. Draft reply to Dr Burgess (see paper 4)

4. Any other business

Anna McCormick

15 June 1995

148/17

2513

Meeting to discuss registration of AIDS/HIV related deaths.

On Thursday, 29 June, at 10.00 in Room 510, St Catherine's House.

BACKGROUND NOTES

1. Please find the relevant documentation for the above meeting attached:

1.1 Births and Deaths Registration Act 1953 (paper 1)
1.2 Coronors Act 1988 (paper 2)
1.3 Letters: Dr Burgess to RG (20.2.95) (paper 3)
A.McC to Dr Burgess (30.3.95) (paper 4)
Dr Burgess to A.McC (3.4.95) (paper 5)
A.McC to Dr Burgess (27.4.95) (paper 6)
Mrs S.Inglis to Dr Swinson (2.3.94) (paper 7)
1.4 Notes of a talk by the coroner refered to in paper 6, given in December 1992, who is currently insisting locally that all AIDS deaths are reported to him (paper 8)

2. Suggested actions required:

2.1 We need to agree a corporate reply, using item 4 as a basis for discussion. We should bear in mind that any letter sent to Dr Burgess will almost certainly be circulated to all members of the Coroners' Society and possibly others. It may also reach the media.

We must ensure that the reply is
- consistant with the law
- does not exceed OPCS's remit
- is agreed and used as the basis of any communication between OPCS and an outside body until a change of policy has been reached.

2.2 Should we take this opportunity to review the guidance regarding AIDS/HIV deaths we give to:

- doctors, on - recording the cause of death on the certificate
  - the use of Box B
  - reporting deaths to the coroner
- registrars, on - questioning informants for further information
  - reporting deaths to the coroner

What would be the effect on recording of cause of death and consequent statistics of any guidance we contemplate ?

In 1992, only 20 percent of deaths with stated causes of both AIDS/HIV and haemophilia were reported to the coroner.

2.3 Which AIDS/HIV deaths, if any, are 'unnatural' and should therefor be reported to the coroner?
Those among - homosexuals ?
- heterosexuals ?
- haemophiliacs ?
- blood/tissue recipients ?
- infants of HIV+ mothers ?
- injecting drug users ?
- no known exposure category ?

If you cannot attend the meeting on 29 June, please could you let me have your opinions in writing by 20 June, so that they can be included in our disussions.

If agreed at the meeting, I shall draft a second response to Dr Burgess and circulate this for comments as soon as possible.

Anna McCormick
15 June 1995

33A

Reference.....

Prof Coleman

From: W JENKINS
Date: 4 July 1995

Copy: Dr McCormick
Dr Rooney

REGISTRATION OF AIDS/HIV RELATED DEATHS

At the meeting on 29 June, and as recorded in Dr McCormick's note of the meeting, I agreed to investigate the case referred to in Mrs Inglis' letter of 2 March 1995 to Dr Swinson at the Department of Health.

Dr Rooney provided me with sufficient information to identify the death and I called for both a copy of the entry in the register and the medical certificate.

The death was certified by a doctor and the cause of death was:

1a Bronchopneumonia
b Acquired Immunodeficiency Syndrome.

The certifying medical practitioner indicated on the certificate that he had reported the death to the coroner. In turn, the coroner, Richard John Van Oppen, issued a Pink Form Part A ie his notification to the registrar that he did not consider it necessary to hold an inquest (or a post mortem). The death was therefore registered on the basis of a medical certificate. The medical certificate of cause of death and the coroner's notification were both dated 24 February 1995.

The death was registered by a deputy registrar to whom I have spoken. I made no mention of the letter from Mrs Inglis but spoke in general terms of the coroner's interest in AIDS death and could he remember anything unusual about this registration. The deputy registrar said that he was on familiar terms with the coroner (a personal friend) but could remember nothing of significance about this case.

These findings do not match up with the story told by Mrs Inglis. If the med cert presented to the deputy registrar had AIDS recorded on it and the death had already been referred to the coroner, there would have been no need to question the mother and sister repeatedly until the sister felt forced to admit HIV had been diagnosed.

One or two things still trouble me about the case eg the death was not certified until the second day after death which is unusual for a hospital case. The registrar is on

CODE 18-77