

THE CORONER'S ACT - MANDATORY REPORTING

The Office of the Chief Coroner has contacted Vancouver Coastal Health Authority to advise that the Coroner is NOT being advised of many deaths that are actually required to be referred to the Office, and is also being advised of many deaths that are actually NOT required referrals (e.g. death within 24 hours of admission). It is also of note that calls regarding reportable deaths are to be made to the Coroner, not to the police.

Reportable Deaths:

Section 9 of the Coroner's Act requires mandatory notification of the Coroner where death occurs in certain circumstances. This is usually a physician's responsibility and can be quite quickly discharged by telephoning 604-660-7708 from 0830-1630, and on pager 604-320-9999 after hours. A brief summary of the circumstances requiring notification follows:

- death of trauma patients at any time (even after an extended stay, if the reason for the stay was the trauma);
 - death during a procedure or in PAR, or within 24 hours of a procedure or operation;
 - death following pregnancy in circumstances attributed to pregnancy;
 - actual or suspected foul play (e.g. poison, negligence, misconduct), death by suicide, homicide, or accidental causes;
 - death of prisoner or persons detained in custody;
 - death of resident under the Medical Health Act.
- Note that death within 24 hours of admission is NOT a requirement under the act, although it had previously been VCHA practice for some time (and in fact remains an erroneous inclusion on the Notice of Death Form at Vancouver - Acute, which is being revised).

It is important to note that the precipitating event leading to death is the issue, rather than the clinical mechanism of death, and irrespective of the time delay between the event and the death. For example, if a patient is admitted as a result of an accident, and after a month in hospital dies of pneumonia, the event precipitating the death is actually the accident, which is reportable. An elderly patient having a fall in their home and then dying in emergency of a cardiac arrest is not an accident, and not reportable. It is unlikely that the Coroner would investigate the latter situation, but would investigate the first case.

Please reflect on these criteria, and ensure that any appropriately reportable death is reported to the Coroner - not to the Police - as soon as possible. If the Coroner wishes to engage the Police in an investigation, the Coroner will make those arrangements.

Completion of Medical Certificate of Death

Finally, the Coroner is contacted by Vital Statistics whenever a physician's death certificate is incomplete or indicates the death may have been a result of unnatural causes. The Coroner must then contact the physician and ascertain the circumstances of the death.

Please remember, when filling out the death certificate, the only items in Part I of the Medical Cause of Death section should be those immediately precipitating the death. A spinal cord injury from 15 years ago, for example, should be in Part II. Similarly, if an elderly person with osteoporosis, dementia, or cardiac history, for example, falls and sustains a hip fracture, then dies two weeks later of pneumonia, the fracture should be mentioned in Part II. If the elderly person was healthy and living independently, and the injury directly led to death, the death should be reported to the Coroner. If in doubt, please call for clarification - 604-660-7708.