Death

1. Introduction

1.1. Description

Death in hospital can be expected or unexpected.

An expected death is one that occurs as a result of progressive clinical deterioration related to a pre-existing illness or condition, where treatment has been unsuccessful and/or the patient/substitute decision maker has refused further treatment.

An unexpected death can result from complication of underlying medical conditions or procedures, and can occur when the patient appears to be clinically stable. An unexpected death may require notification to the Coroner.

The accountability for pronouncement of death may differ according to whether death was expected or unexpected.

1.2. Scope

This policy applies at all PHC acute care sites.

1.3. Exceptions

There are no exceptions to this policy.

2. Policy

2.1. Pronouncement of Death

In expected death, the decision as to who is the appropriate person to pronounce death is made collaboratively between the physician and nurse. Death is expected when the patient's condition has deteriorated, death is imminent and the patient has a Do Not Attempt Resuscitation order.

When death is not expected, the Most Responsible Provider ("MRP") or delegate is required to pronounce death.

2.2. Medical Certificate of Death ("MCOD")

The MRP or delegate who is a fully licensed physician must complete the MCOD or the Medical Certificate of Stillbirth within forty-eight (48) hours of death as required by the Vital Statistics Agency. Timely submission of the MCOD is also necessary for burial arrangements. The Medical Certificate of Death must not be withheld for administrative reasons.

Families receive a Death Certificate, which is a separate document from the MCOD, from the Director of Vital Statistics and not from the MRP or Providence Health Care.

2.3. Report to the Coroner

The *Coroners Act* describes the types of deaths that must be reported to a coroner (see Appendix C: Autopsy of the Consent to Health Care policy). Specific to our acute care sites, this would include:

- deaths that are considered unexpected and not due to natural causes;
- death of a patient certified under the *Mental Health Act*; and
- deaths of children and pregnant women.

Absent these criteria, a report to the Coroner is *not* required simply because a patient has been admitted for less than 24 hours.

Physicians who are unsure whether or not a death constitutes a coroner's case should consult directly with the Coroner.

2.4. Autopsy

No autopsy shall be performed without order of the Coroner or written consent from the appropriate next of kin or legally authorized agent of the patient.

The MRP shall make all reasonable efforts to obtain permission for the performance of an autopsy when indicated. The PHC Agreement to a Post Mortem Examination (Autopsy Consent) form can be found in FormFast. The MRP is to be guided by the process as laid out in the body of the consent.

The *Coroners Act* authorizes the Coroner to order an autopsy without the family's consent.

3. Responsibilities (required)

3.1. MRP or delegate

- Delegate pronouncement of expected death
- Pronounce unexpected death
- Contact family
- Consider whether an autopsy is indicated, and if so complete the appropriate consent
- Determine if this is a Coroner's case and contact Coroner as appropriate (250-561-8488)
- Complete Medical Certificate of Death or Medical Certificate of Stillbirth within 48 hours

3.2. Nurses

- Notify physician if required
- Pronounce expected death
- Contact MRP to pronounce unexpected death
- Prepare body for transfer to morgue as per appropriate guidelines
- Locate and prepare belongings for pick-up by family

3.3. Social Work

- Provide practical and emotional support to family as indicated

3.4. Spiritual Health/Indigenous Health and Wellness Team

- Provide emotional and spiritual support to family as indicated

4. Compliance (required)

Any failure to comply with this policy is to be reported in PSLS for follow up.

5. Supporting Documents

5.1. Related Policies

Consent to Health Care

Code Status (Options for Care)

5.2. Guidelines/Procedures/Forms

Death (Unexpected) in the O.R., procedure for SPH and MSJ

Death: Care of the Body after Death (Infection Control)

Death (Adult): Care of the Patient

6. Definitions

Child means a person who is under the age of 19 years.

Most Responsible Provider ("MRP") is the health care provider who has the overall responsibility for the management and coordination of the care of the patient at any given time.

PSLS is the Patient Safety Learning System and is a web-based tool used to report and learn from adverse events.

7. Key Words

Death, autopsy, coroner

Contact: Risk Management

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