

# DEATH AND THE PROCURATOR FISCAL

Information and Guidance  
for Medical Practitioners

Produced by Crown Office and Procurator Fiscal Service

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## 1. Introduction

The Crown Office and Procurator Fiscal Service (COPFS) has produced this booklet for the information and guidance of medical practitioners. The booklet is intended to provide a clear, concise guide and to assist medical practitioners to decide whether a death requires to be reported to the Procurator Fiscal and, if so, how to go about doing this.

## 2. Who is the Procurator Fiscal?

2.1 The Procurator Fiscal is a lawyer employed within the Crown Office and Procurator Fiscal Service which is part of the Scottish Government. The Procurator Fiscal's best known role is as the local public prosecutor but he or she has a separate duty to investigate all sudden, suspicious, accidental, unexpected and unexplained deaths and any deaths occurring in circumstances causing serious public concern. The Procurator Fiscal's right and duty to investigate such deaths derives from Scottish Common Law (i.e. custom and practice which has developed over the centuries and now has the force of law) and it is reinforced by the Fatal Accidents and Sudden Deaths Inquiry (Scotland) Act 1976.

2.2 Although there are many significant differences there are some similarities between the roles of the Procurator Fiscal in Scotland and the Coroner in England and Wales.

2.3 The Crown Office and Procurator Fiscal Service divides Scotland into 11 geographical areas each headed by an Area Procurator Fiscal. With the exception of Glasgow which is an Area in its own right, each Area contains a number of District Offices each headed by a District Procurator Fiscal. District Offices usually have one or more Procurator Fiscal Deputies who can exercise all the powers of the Procurator Fiscal.

## 3. Timescale for reporting to the Procurator Fiscal

3.1 All reportable deaths must be notified to the Procurator Fiscal as soon as possible after occurrence and before any steps are taken to issue a death certificate. If a death certificate has been issued and the Procurator Fiscal declines to accept the cause of death, the certificate will have to be retrieved from the family, a self evidently distressing procedure which should be avoided as far as possible.

3.2 The Procurator Fiscal will normally deal with reports of deaths during office hours. In situations of urgency, and particularly if the death is suspicious or if there are religious rites which require to be observed, each District or Area has an out of hours on-call service which can be contacted through the police. It is stressed, however, that this facility should only be used where the matter cannot wait until the next working day.

#### **4. To which Procurator Fiscal should the death be reported?**

4.1 Responsibility for investigating a death rests with the Procurator Fiscal in whose jurisdiction the accident or other event which caused the death occurred. This will not necessarily be the same as the place of death. For example if a person is injured in a fire in Dunfermline and taken to the Burns Unit in Livingston where he dies of his injuries, the death should be reported to the Procurator Fiscal in Dunfermline. Similarly, if a person is injured in a climbing accident in Glencoe and taken to the Southern General Hospital in Glasgow where she dies of her injuries, the death should be reported to the Procurator Fiscal in Fort William.

4.2 Certain COPFS Areas have established centralised deaths units while others retain the previous system of reporting to individual offices. **Annex 1 contains a list of the current reporting points for deaths throughout Scotland.**

4.3 If a medical practitioner is in doubt about where a death should be reported he or she should seek advice from the Procurator Fiscal in whose jurisdiction the death occurred.

#### **5. Who should report the death?**

The death should be reported by the doctor with the best knowledge of the circumstances. This will vary from case to case but the essential points are that the reporting doctor must understand clearly why the death is being reported and must be able to answer any questions which the Procurator Fiscal may ask.

#### **6. Categories of deaths to be reported**

The following deaths must be reported to the Procurator Fiscal.

- (i) Sudden deaths
  - (a) any death where there is evidence or suspicion of homicide;
  - (b) any death by drowning;
  - (c) any death by burning or scalding or as a result of fire or explosion;
  - (d) any death caused by an accident involving the use of a vehicle including an aircraft, a ship or a train;
  - (e) any death resulting from an accident in the course of work, including voluntary or charitable work;
  - (f) any death where the circumstances indicate the possibility of suicide;
  - (g) any death following an abortion or attempted abortion whether legal or illegal;
  - (h) any death of a person subject to legal custody, including any death of such a person outwith a Police station or prison (for example during prisoner transport or in hospital);

- (i) any death occurring in health premises in the community including a GP's surgery, health centre, dental surgery or similar facility;
  - (j) any death due to violent, suspicious or unexplained circumstances.
- (ii) Deaths related to neglect or complaint
- (a) any death where the circumstances seem to indicate fault or neglect on the part of another person;
  - (b) any death, if not already reported, where a complaint is received by a Health Board or NHS Trust and the complaint is about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.
- (iii) Deaths of children
- (a) any death of a newborn child whose body is found;
  - (b) any death which may be characterized as sudden unexplained death in infancy (SUDI) or the like;
  - (c) any death of a child from suffocation including overlaying;
  - (d) any death of a child in foster care;
  - (e) any death of a child in the care of a Local Authority;
  - (f) any death of a child on a Local Authority "at risk" register.
- (iv) Public Health
- (a) any death caused by an industrial disease or industrial poisoning;
  - (b) any death due to a disease, infectious disease or syndrome which poses an acute, serious public health risk including:
    - any form of food poisoning
    - Hepatitis A, Hepatitis B (with or without delta-agent co-infection (Hepatitis D)), Hepatitis C and Hepatitis E
    - any hospital acquired infection
    - Legionnaires Disease
- (v) Deaths associated with medical or dental care (see also **Section 9** below)
- (a) any death which was unexpected having regard to the clinical condition of the deceased prior to his or her receiving medical care;
  - (b) any death which is clinically unexplained;
  - (c) any death which appears to be attributable to a therapeutic or diagnostic hazard;

- (d) any death which is apparently associated with lack of medical care;
- (e) any death which occurs during the administration of a general or local anaesthetic;
- (f) any death which may be associated with the administration of an anaesthetic;
- (g) any death caused by the withdrawal of life sustaining treatment to a patient in a persistent vegetative state (This is to be distinguished from the removal from a life-support machine of a person who is brain stem dead and cannot breathe unaided.) (See also **Section 17** below);
- (h) any death occurring as a result directly or indirectly of an infection acquired while under medical or dental care while on NHS premises, including hospitals, GP's surgeries, health centres and dental surgeries.

These categories should not be regarded as exhaustive.

- (vi) Any drug-related death (This category includes death as a result of ingestion of any drug where the death does not fall into any category above.)
- (vii) Any death not falling into any of the foregoing categories where the cause remains uncertified or where the circumstances of the death may cause public anxiety.

6.2 If there is any uncertainty about whether a death should be reported the matter should be discussed with the Procurator Fiscal before any steps are taken to issue a death certificate.

**6.3 In some areas there is a practice of reporting to the Procurator Fiscal deaths which occur within 24 hours of admission to hospital. This appears to be based on English practice and is not necessary unless the death falls into one of the reportable categories set out above.**

## **7. What does the Procurator Fiscal require to know?**

7.1 When reporting a death to the Procurator Fiscal the medical practitioner must have the relevant case notes in front of him or her and must be in a position to answer any questions which the Procurator Fiscal may ask.

7.2 In all cases the following information should be available

- Name of deceased
- Age and/or date of birth
- Home address
- Religion/ethnic origin

- Place, date and time of death
- Nearest relatives (if known) and whether they have any special needs e.g. translation
- General Practitioner (if known)
- History (see further below)
- Cause of death, if ascertained, and whether the death can be certified
- The name of the doctor who proposes to sign any death certificate
- Whether the family have any concerns about the circumstances of the death

7.3 The history provided to the Procurator Fiscal will depend on the medical history of the deceased and the circumstances of the death. Broadly, however, what is required is sufficient information to enable the Procurator Fiscal to decide whether it is appropriate to accept any death certificate which may be offered or whether to initiate further action, for example by instructing the police to investigate and report. The history will also assist the Procurator Fiscal to decide whether to instruct a post mortem examination. **Annex 3** provides a checklist for reporting deaths to the Procurator Fiscal.

## **8. What action will the Procurator Fiscal take?**

8.1 This will depend on the details of the individual case and the following examples are for illustration only.

8.2 **Take no further action.** This is likely to be the decision if the doctor reporting the death is prepared to issue a Death Certificate and the Procurator Fiscal is satisfied from the history reported that the death occurred from natural causes and does not require further investigation.

8.3 **Request a police report.** Where the cause of death has not been ascertained or the Procurator Fiscal requires further information a police report is likely to be requested. The requesting of a police report does not mean that the Procurator Fiscal regards the matter as criminal. In such a situation the police are acting as the agents of the Procurator Fiscal and gathering information on his or her behalf. The Procurator Fiscal will almost always instruct a police report in a case where he or she anticipates instructing a post mortem examination.

8.4 **Consent to a hospital (non-PF) post mortem examination.** Occasionally where the cause of death has not been certified, a hospital doctor will inform the Procurator Fiscal that the hospital has received permission from the relatives to carry out a post mortem examination. If the death does not otherwise require investigation the Procurator Fiscal will normally permit the hospital post mortem to proceed, subject to being advised of the cause of death. See also **Section 12** below.

## 9. Deaths associated with medical or dental care

9.1 Certain deaths associated with the provision of medical care must be reported to the Procurator Fiscal. Most deaths under medical care represent an unfortunate outcome where every reasonable care has been taken. However, such deaths may involve negligence on the part of medical or para-medical staff, may give rise to questions of public safety and may even be associated with criminality.

9.2 Deaths associated with medical care include deaths which may be due to medication (however administered) or diagnostic or therapeutic procedures (operations, investigations, X-ray procedures, etc). "Medical care" should be interpreted broadly and includes surgical, anaesthetic, nursing or any other kind of medical care whether being given in a hospital, a GP's surgery, the patient's home or elsewhere. It also includes deaths from "hospital acquired" infections.

9.3 Where a death is associated with medical care, no steps should be taken to issue a death certificate until the Procurator Fiscal has confirmed that he or she does not require post mortem examination.

9.4 Medical practitioners are reminded that Scottish Government has informed Health Boards and Trusts that where a complaint is received concerning the medical treatment given to the deceased, suggesting that the medical treatment may have contributed to the death, the Procurator Fiscal should be notified. If the death has not already been reported to the Procurator Fiscal this should be done in tandem with notification of the complaint.

9.5 The initial report to the Procurator Fiscal should be made by telephone as soon as possible after the death. In addition to providing the information specified in the previous section, the doctor reporting the death should complete Form F.89 (see **Annex 2**) and forward this to the Procurator Fiscal electronically or by fax without delay. The doctor completing the Form F.89 should consult with other doctors involved in the case, as required, to ensure that the information in the form is full and accurate and to establish whether there is any matter which should be brought to the attention of the Procurator Fiscal. This is likely to be particularly important where the deceased has died following surgery.

9.6 On receipt of the Form F.89, the Procurator Fiscal will consider whether it is necessary to request the doctor in charge of the case and, where appropriate, other doctors who have been involved in the treatment or investigation of the patient to provide a full written report detailing the circumstances leading up to and surrounding the death.

9.7 The Procurator Fiscal may decide not to enquire further where he or she is satisfied that negligence and criminality have been excluded. The decision whether a post mortem examination is necessary will be taken by the Procurator Fiscal. In many cases, the need for further inquiries and the direction of such inquiries will be informed by the post mortem examination findings and may involve obtaining a report from an independent expert in the relevant field - medical, pharmaceutical, scientific or as appropriate. Such an independent expert may wish to discuss the circumstances with the doctor(s) involved in the treatment of the deceased.

9.8 Similar principles should apply to any death in the course of dental treatment.

## **10. Control of the body, cremation etc**

When a death is reported to the Procurator Fiscal, he or she acquires the right and duty to control the disposal of the deceased's body while making enquiries into the death. This may require the removal of the deceased's body to a police or hospital mortuary or a specially designated mortuary. The Procurator Fiscal must decide in every case whether to accept any death certificate which may be offered and release the deceased's body or whether to instruct a post mortem examination. When the Procurator Fiscal decides to release the deceased's body, he or she must also decide whether to permit cremation. In the vast majority of cases there will be no objection to cremation but there may be circumstances where the Procurator Fiscal cannot allow cremation to take place, as it will lead to the destruction of evidence available from the deceased's body.

## **11. Post mortem examination**

If no medical practitioner is able to certify the cause of death or, more rarely, if the Procurator Fiscal is not prepared to accept a certificate which is offered, a post mortem examination will usually be required to ascertain the cause of death. Forensic pathology arrangements are regulated by contracts between COPFS and those providing forensic pathology services, generally the universities. It is a matter for the Procurator Fiscal to decide whether there should be a post mortem examination, the nature and extent of that examination and the individual to conduct it. In some cases, however, it is possible for the cause of death to be confirmed by a doctor who has viewed the deceased and is able to grant a certificate certifying the cause of death without the need for a full post-mortem examination to be undertaken. This is described as 'view and grant'. However, where a post mortem examination is necessary for the full and proper investigation of the death, the Procurator Fiscal's right to instruct this may have to override religious or other objections.

## **12. Hospital post mortems**

12.1 If the deceased has died in hospital and the Procurator Fiscal decides that the death does not require any further action or investigation, the question of a post mortem examination to establish the cause of death is a matter for the hospital.

12.2 Similarly, the Procurator Fiscal is sometimes asked by hospital doctors to permit a post mortem examination in the interest of medical research or for some other medical reason although the cause or primary cause of death is known. In cases where the cause of death has been ascertained without a dissection and the Procurator Fiscal does not otherwise require a post mortem examination to be held, it would not be appropriate for him or her to instruct one. In such cases the matter is between the hospital and the nearest relatives.

12.3 If a hospital post mortem examination reveals suspicious circumstances or other cause for concern, it should be halted immediately and the Procurator Fiscal informed.

## **13. Asbestosis, mesothelioma and asbestos-related lung cancer**

13.1 A number of industrial diseases, including the above, can be accurately diagnosed in life and it may be possible to accept the cause of death certified without a post mortem examination.

13.2 A combination of radiological evidence and an ante-mortem pleural biopsy with histological examination using immunohistochemical staining techniques (e.g. positivity for Calretinin, CK 5/6, EMA, Vimentin) may conclusively diagnose Mesothelioma and may be sufficient to allow settlement of a compensation claim.

13.3 If a conclusive diagnosis is not obtained during the patient's life, the Procurator Fiscal will require to instruct a post mortem examination to establish the cause of death and to preserve the necessary evidence in the event that the nearest relatives wish to pursue a civil action in relation to the deceased's exposure to asbestos.

## **14. Deaths where there is a possibility of criminal proceedings**

14.1 Criminal proceedings may follow a death in a variety of circumstances. The most obvious example is homicide but criminal proceedings may follow from a road traffic death, an overdose of controlled drugs, an accident at work or a contravention of food safety legislation. These are only examples and not an exhaustive list.

14.2 In any case where it will be necessary to prove the fact and cause of death in subsequent court proceedings, the Procurator Fiscal will instruct a post mortem examination by two pathologists. This may be two forensic pathologists or it may be a forensic pathologist and a specialised pathologist, for example a paediatric pathologist if the death is that of a child.

14.3 In addition to the post mortem examination, the Procurator Fiscal may instruct further scientific investigation, for example by toxicology. The need for this may be self evident or may be identified by the pathologists in the course of the autopsy.

14.4 Medical personnel, particularly hospital medical staff, who have treated a patient whose death becomes the subject of criminal proceedings, may find themselves becoming witnesses. (See also **Section 18** below).

14.5 In a case which is likely to give rise to criminal proceedings, it is necessary for there to be corroborated evidence of the identity of the deceased. In most cases this will be provided by relatives or police officers but sometimes hospital staff are required to provide a link in a chain of identification evidence.

## **15. Organ transplantation**

15.1 A Protocol has been drawn up between COPFS and the Scottish Transplant Group with regard to organ and tissue donation. A detailed discussion is outwith the scope of this document but the most important points are:-

- where there is reason to believe that the death may be reported to the Procurator Fiscal, no parts of a body will be removed without his or her prior consent;
- the Procurator Fiscal may object to removal of organs in a case which is likely to result in a charge of murder or where, in the time available, insufficient enquiry is able to be carried out to allow an informed decision. There are procedures available which will allow the Procurator Fiscal not to object to transplantation of organs in cases of murder but early discussion with the PF is essential;
- the Procurator Fiscal will normally permit removal of organs subject to the need to ensure that sufficient evidence is available for any subsequent criminal proceedings or Fatal Accident Inquiry and the need to establish that the death has not been caused or contributed to by the retrieval operation.

## **16. Retention of organs following post mortem examination - Human Tissue (Scotland) Act 2006**

16.1 The Human Tissue (Scotland) Act 2006 came into force on 1 September 2006. Detailed discussion of the Act is outwith the scope of this document but the Act was driven largely by public concern over the practice of organ retention, and is intended to inspire confidence by introducing the need

for authorisation for the removal, transplantation or retention of organs and tissue. Authorisation means that people can authorise what is to happen to their organs after their death. If the deceased expressed no views in life about this matter, the Act lists a hierarchy of nearest relatives from whom authorisation can be sought. It is a positive concept which replaces the 'lack of objection' approach of the Human Tissue Act 1961. The authorisation arrangements set out in the Act apply in the transplantation and hospital post-mortem examination contexts and have 3 categories:

- adults (those aged 16 or over who have the capacity to make their own decisions about these matters);
- children aged 12 or over at the time of their death;
- children aged under 12 at the time of their death.

16.2 It should be noted that the Act does not affect the instruction or mechanics of Procurator Fiscal post mortem examinations. Where a sudden, unexplained, unexpected or suspicious death has been reported to the Procurator Fiscal, the decision to carry out a post mortem examination to ascertain the cause of death remains with the Procurator Fiscal. The Act does govern what should be done with organs and tissue samples that have been removed in the course of that post mortem examination once the Procurator Fiscal's purposes have been served.

## **17. Persistent vegetative state, withdrawal of life support facilities**

17.1 The case of *Law Hospital NHS Trust v Lord Advocate 1996 SLT 848* explains what should happen when a Health Board or NHS Trust which has care of a patient, or any relative of a patient, seeks the withdrawal of treatment. This should normally be done by an application to the Court of Session requesting the exercise of the *parens patriae* jurisdiction. However, in the *Law Hospital* case, the court decided it was not necessary to require such an application in every case and that the decision whether an application is necessary must rest with those who will be responsible for the withdrawal of treatment. Due regard must be given to the views of the patient's relatives.

17.2 Following this decision the Lord Advocate announced the approach that will be adopted by the Crown when life sustaining treatment or medical treatment is withdrawn or discontinued for patients who are incapable of consenting to such withdrawal or discontinuation. The Lord Advocate will not authorise the prosecution of a qualified medical practitioner (or any person acting upon the instruction of such a practitioner) who, acting in good faith and with the authority of the Court of Session, withdraws, or otherwise causes to be discontinued, life sustaining treatment or other medical treatment from a patient in a persistent, or permanent vegetative state (PVS), with the result that the patient dies.

17.3 It will be noted from the terms of the Lord Advocate's statement that immunity from prosecution does not automatically extend to medical practitioners who have not sought and received the authority of the Court. The Lord Advocate has expressed the view, however, that if doctors and

those acting on their instructions were acting in accordance with accepted medical practice and had exercised the proper degree of care expected of them, it would be very unlikely that any prosecution in the public interest would be brought against them.

17.4 Any death following the withdrawal of life support facilities (whether with or without the authority of the Court of Session) must be reported to the Procurator Fiscal as soon as it occurs. Under certain circumstances the Procurator Fiscal may require to instruct an autopsy, although each case will be considered on its individual circumstances.

## **18. Medical personnel as witnesses**

18.1 From time to time it may be necessary for medical or nursing staff who have treated a deceased patient to give evidence in court. This may be in criminal proceedings or in a Fatal Accident Inquiry.

18.2 In more serious cases medical staff may be cited to attend at the Procurator Fiscal's office to give a pre-court statement known as a "precognition." Precognition is an important part of the criminal process. Procurators Fiscal will normally be willing to be flexible in order to accommodate professional commitments.

18.3 In many cases the medical evidence will be capable of agreement and it will be unnecessary for doctors or nurses actually to give evidence. On the other hand medical evidence may be controversial or may be of such crucial importance to the case that personal attendance as a witness is unavoidable. In such a situation the Procurator Fiscal will normally be willing to enter into a "standby" arrangement with the witness. The details of such an arrangement will necessarily vary depending on the circumstances of the case, geography etc. but in broad terms the witness will be permitted to go about his/her normal duties and will be called to court by a telephone call giving an agreed period of notice. It is stressed that the responsibility for initiating such an arrangement rests with the witness who should contact the appropriate Procurator Fiscal immediately on receipt of the witness citation. Procurators Fiscal will do everything possible to accommodate reasonable professional commitments but a witness does not have a right to a standby arrangement and this may not always be possible.

18.4 It is a criminal offence for a witness to fail to attend court in terms of a citation unless he or she has been excused by the Procurator Fiscal or has another lawful reason for non-attendance.

## **ANNEX 1**

LIST OF AREA DEATHS UNITS AND LOCAL OFFICES WHICH RECEIVE DEATH REPORTS (as at October 2008)

### **Argyll and Clyde**

District Fiscals Office:

- Paisley 0844 561 3324
- Campbeltown 0844 561 4525
- Dumbarton 0844 561 3446
- Dunoon 01369 70 2292
- Oban 0844 561 4520
- Greenock/Rothesay 0844 561 3404

### **Ayrshire Area**

District Fiscals Office:

- Kilmarnock 0844 561 2701
- Ayr 0844 561 2747

### **Central Area**

District Fiscals Office:

- Stirling 0844 561 3110
- Alloa 0844 561 3110
- Falkirk 0844 561 3110

### **Dumfries and Galloway Area**

District Fiscals Office:

- Dumfries 0844 561 3620
- Stranraer 0844 561 3630

## **Fife Area**

District Fiscals Office:

- Kirkcaldy 0844 561 3510
- Cupar 0844 561 3565
- Dunfermline 0844 561 3550

## **Glasgow Area**

District Fiscals Office:

- Glasgow 0844 561 2220

## **Grampian Area**

District Fiscals Office:

- Aberdeen 0844 561 2650
- Banff 0844 561 2660
- Elgin 0844 561 2670
- Peterhead 0844 561 2680
- Stonehaven (Part time staffed, contact Aberdeen)

## **Highlands and Islands Area**

District Fiscals Office:

- Inverness 0844 561 2925
- Dingwall 0844 561 2976
- Fort William 01397 70 3874
- Kirkwall 01856 87 3273
- Lerwick 01595 69 2808
- Lochmaddy 0844 561 3014
- Portree 01478 61 2510
- Stornoway 0844 561 4470
- Tain 0844 561 2994
- Wick 0844 561 2989

## **Lanarkshire Area**

District Fiscals Office:

- Hamilton 0844 561 3245
- Airdrie 0844 561 3246
- Lanark 0844 561 3285

## **Lothian and Borders Area**

District Fiscals Office:

- Edinburgh 0844 561 3875
- Duns (Part time staffed, contact Selkirk or Jedburgh)
- Haddington 0844 561 4225
- Jedburgh 0844 561 4295
- Linlithgow 0844 561 4240
- Selkirk 0844 561 4301

## **Tayside Area**

District Fiscals Office:

- Dundee 0844 561 2870
- Arbroath 0844 561 2920
- Forfar 0844 561 4450
- Perth 0844 561 2910

## ANNEX 2

**F.89**

**CONFIDENTIAL**

### **DEATH UNDER MEDICAL CARE**

(see Note 1)

To the Procurator Fiscal

.....

1. Report on the Death of:  
Full name ..... Date of Birth .....  
Home Address .....  
(block capitals)
2. Date and Time of Death .....  
Place of Death (specifying exact location) .....  
.....  
Date of admission to hospital (if applicable) .....
3. Nature of Disease, Injury or Condition for which medical care was advised.
4. Brief description of clinical findings prior to the procedure, including details of any concurrent pathology.
5. Brief description of medical treatment and preparation of the patient for the procedure. (Please include all medications, doses and times, excluding pre-medication and anaesthetic agents, see para. 9),
6. Was consent obtained for the procedure?
7. PROCEDURE
  - (a) Was the procedure elective or emergency? .....
  - (b) Nature of procedure (indicate whether proposed, performed, or in progress) .....
  - (c) Date and Time: Started: ..... Finished .....
  - (d) Operator (or doctor involved) .....
  - (e) Comments: (block capitals)
8. Was anaesthesia employed (local, regional or general)?  
.....

9. If so, please give details:
- (a) Pre-medication .....
  - (b) Type of anaesthesia .....
  - (c) Date and time administration started .....
  - stopped .....
  - (d) Details of agents and techniques used, including quantities .....
  - .....
  - .....
  - (e) Anaesthetist .....
  - (block capitals)
  - (f) Comments:

10. Details in chronological order of events immediately preceding death and of resuscitative measures undertaken.

11. Opinion as to cause of death, and any other general observations on the case.

Date ..... Signature (doctor concerned) .....

(designation) .....

Signature (doctor concerned) .....

(designation) .....

NOTES: 1. Deaths to be reported:—

- (a) Cases to be reported would include deaths associated with medication and deaths occurring during or immediately after diagnostic or therapeutic procedures including surgical operations whether anaesthesia was employed or not.
  - (b) Deaths which occur in the immediate post-operative period ordinarily not exceeding 12 hours following a general anaesthetic from which consciousness has not been regained.
- 2. Wherever practicable this form should be completed in consultation with any other Medical Practitioner specially concerned or specifically mentioned and forwarded to the Procurator Fiscal as soon as possible.
  - 3. The Death Certificate must not be issued until instructions have been received from the Procurator Fiscal or his representative.
  - 4. The completion of Question 11 is a matter of discretion. It is to assist the Procurator Fiscal and his Medical Adviser to arrive at a certifiable cause of death.

## ANNEX 3

### Reporting checklist

1. Check whether you are required to report the death to the Procurator Fiscal and be sure you understand why the death is being reported. **If you are in any doubt about the need to report, consult the Procurator Fiscal before issuing a Death Certificate.**
2. Check where the accident or other event which caused the death occurred.
3. Refer to Annex 1 of this document to identify the appropriate Procurator Fiscal to receive the report (if in doubt consult your local Procurator Fiscal).
4. Before telephoning the Procurator Fiscal check that you have the following information to hand:
  - Name of deceased
  - Age and/or date of birth
  - Home address
  - Religion/ethnic origin
  - Place, date and time of death
  - Nearest relatives (if known) and whether they have any special needs e.g. translation
  - General Practitioner (if known)
  - History
  - Cause of death if ascertained and whether the death can be certified
  - The name of the doctor who proposes to sign any death certificate
  - Whether the family have any concerns about the circumstances of the death
5. If the death is associated with medical care, complete Form F89 and forward it by fax or e-mail to the Procurator Fiscal.