

## Policy

Organ procurement should only occur after all requirements relating to authorisation or absence of any objection currently in force within the Member State have been met. In the United Kingdom, in some circumstances, it is necessary for the Coroner or Procurator Fiscal to determine if an objection to solid organ, tissue donation and removal of relevant material for scheduled purposes or removal of body parts for other purposes, will be raised.

The Coroner/Procurator Fiscal has a legal requirement to do this, and must be satisfied that neither organ, tissue nor removal of organs for other/scheduled purposes will impede his/her investigation. Therefore, the Specialist Nurse (SN) must ensure that, to the best of their knowledge, all relevant information is relayed to the Coroner/ Procurator Fiscal Office so that they may make a decision in relation to raising an objection (consent in Scotland) to organ, tissue donation and removal of organs for other/scheduled purposes proceeding.

## Objective

To guide the SN on what key information is needed regarding the circumstances surrounding the patient's admission and how this information is documented and communicated to the Coroner/Procurator Fiscal Office. So that the Coroner/Procurator Fiscal can assess the case and make a decision regarding any lack of objection to donation.

## Changes in this Version

Added 2.3 to include consideration of Medical Examiners where established

Section 3 – Extended with details of considerations at time of referral and clarity on process when the Coroner/Procurator Fiscal decision is delayed

Section 4 and 2.6 – Detail added around the documentation of the final Coroner/Procurator Fiscal decision

Added 4.7 – Reference to the sharing of clinical information when restrictions impact retrieval process

Added 5.4 – When to submit a Clinical Governance

Added Appendix 4 – Coroner Organ Donation Referral Flowchart

Added Appendix 5 – Coroner Tissue and Eye Service Donation Referral Flowchart

Added Appendix 6 – Coroner Decline for Organ and Tissue Donation Flowchart

## Roles

### Specialist Nurses (SN)

- To ensure that the retrieval of organs and/or tissue donation and removal of organs for other/scheduled purposes only occur following Coroner/Procurator Fiscal lack of objection to donation, where appropriate.
- To ensure that all necessary information pertaining to the potential donor's admission has been obtained and communicated to the Coroner/Procurator Fiscal to ensure that an informed decision has been made, either directly or via the responsible healthcare professional in the hospital.
- To ensure Coroner/Fiscal permissions are gained to move the deceased donor in order to facilitate tissue donation when required.
- To document all conversations and decisions made by medical team and Coroner/Procurator Fiscal.
- To discuss the case with the Coroner/Procurator Fiscal, confirm the circumstances surrounding the admission of the patient/potential donor, and the decision surrounding the cause of death to be written on the necessary documentation.

### Responsible Medical Professional

- Doctor with delegated responsibility from the clinician in charge of the patient's/potential donor's care).

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## Process Description

### 1. INTRODUCTION

- 1.1 Deceased organ donation can occur in a limited set of circumstances, either following the declaration of death/pronouncement of life extinct (in Scotland) following the irreversible cessation of brain-stem function, or the cessation of circulatory function (AOMRC, 2008). Deceased tissue donation can occur in a broader set of circumstances and settings to include hospital mortuaries or theatre, hospice, dedicated donation facility, and funeral directors. In many cases, the circumstances surrounding the death of the patient would lead the medical teams to contact the Coroner/Procurator Fiscal. The Coroner/Procurator Fiscal has a legal duty to enquire about deaths in their jurisdiction where the cause is either unknown, or where the death is violent or unnatural, and any death which occurs in custody or otherwise in state detention.
- 1.2 In any case where the Coroner/Procurator Fiscal or police is involved, the Coroner/Procurator Fiscal has the final decision if organ and/or tissue donation and removal of organs for other/scheduled purposes can proceed (DoH, 2010; COPFS, 2004). In order to assist the Coroner/Procurator Fiscal to make that decision, the SN and the medical team has an essential role in undertaking a detailed review of the circumstances surrounding the death of the potential donor. For tissue only referrals facilitated by TES SNs other members of the MDT will support in gaining required information
- 1.3 Following the potential donor review the SN and the medical team must ensure that the key information is communicated to the Coroner/Procurator Fiscal office for a decision to be made. When discussing with the Coroner/Procurator Fiscal, SNs should ensure they list each tissue they are requesting as well as each solid organ, including lymph, spleen and blood vessels. This information is then assessed by the Coroner/Procurator Fiscal to determine if organ and/or tissue donation and removal of organs for other/scheduled purposes can proceed, without compromising any potential investigations. It is vital that the SN documents such communication accurately; so that the meaning is clear (NMC, 2009).

### 2. COLLATION OF INFORMATION and DECISION TO REFER TO CORONER/PROCURATOR FISCAL – Organ Donors pathway only

- 2.1. Obtaining an accurate account of the circumstances surrounding the patient's admission, any police involvement, course of illness, diagnosis, medical and surgical procedures and/or investigations and medical history from the critical care clinician and nursing staff is a crucial first step in determining a detailed history.
- 2.2. A discussion must be held with the clinician regarding the completion of a medical certificate for cause of death and if the clinician will be referring the patient's death to the Coroner/Procurator Fiscal. An agreement must be made as to who will contact the Coroner/Procurator Fiscal in the first instance. Ensure that a clinician who has treated the patient is available to speak with the Coroner/Procurator Fiscal and/or their officers.
- 2.3. In trusts/health boards where Medical Examiners (ME) are established, please follow the local process for referral of these cases. The Medical Examiners good practice guide can be found at [www.rcpath.org](http://www.rcpath.org)
- 2.4. If there is any doubt as to whether a Coroner/Procurator Fiscal should be contacted, best practice would be to make an inquiry to their offices to confirm if the case requires their attention. A list of reasons for contacting the Coroner in England and Wales can be found at [Appendix 1](#), for the Procurator Fiscal in Scotland at [Appendix 2](#), and for the Coroner Service in Northern Ireland at [Appendix 3](#).

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- 2.5. If a clinician has decided not to refer then this is their decision. However, in a situation where a decision is made not to refer but the SN thinks a referral should be made then the SN should engage with the clinician to discuss. If the clinicians' decision remains not to refer, and the SN believes the Coroner/Procurator Fiscal should be notified, consider escalating to TM/RM as appropriate.
  - 2.6. If the clinician has already spoken to the Coroner/Procurator Fiscal in relation to donation, **the clinician should clearly document this** in the patient's medical records, detailing the lack of objection of which organs, tissues and organs removed for other/scheduled purposes can be donated, any restrictions put in place or special requirements or requests. The SN must ensure that a copy of the clinician's medical entry is held in the donor file. Details of the conversation with the Coroner/Procurator Fiscal must be recorded on Donor Path in the Coroner/Procurator Fiscal section.
  - 2.7. If Donor Path is unavailable, then **FRM4039** - Referral Form for Coroner/Procurator Fiscal must be completed in full. The Coroner/Procurator Fiscal lack of objection information must be included on **FRM4193** if **SOP3925** is implemented.
  - 2.8. Some Coroner/Procurator Fiscal Offices require all deaths to be reported to them or some only require those deaths that fall within their jurisdiction (such as those detailed in [Appendix 1-3](#)). The referral timings may vary, some Coroner/Procurator Fiscals only wish to be contacted following the family's acceptance/decision to donate, whilst others may wish to be contacted before the outcome of the donation conversation. This information will be held locally within regional donor books.
  - 2.9. The decision of when to contact the Coroner/Procurator Fiscal should be made on a case-by-case basis. There is no formal jurisdiction for a Coroner/Procurator Fiscal to agree to organ, tissue donation and removal of organs for other/scheduled purposes whilst a patient is still alive. However, the Chief Coroner is in agreement that the Coroner/Procurator Fiscal can be approached for a decision before any discussion with the family of the patient, in order to save the family, the distress of supporting donation only to have the Coroner/Procurator Fiscal object. In instances where a Coroner/Procurator Fiscal decision is obtained prior to family discussions, the outcome of these conversations in respect to consent for organ, tissue donation and removal of organs for other/scheduled purposes should be communicated to the Coroner/Procurator Fiscal. There may be some regions with specific Coroner/Procurator Fiscal requirements in relation to Donation after Circulatory Death (DoH, 2008; COPFS, 2004).
  - 2.10. If there is any possibility that death may have been caused by another, hospital staff must inform the police. If this has not taken place by the time the SN becomes involved, the SN should ensure that it has been done prior to contacting the Coroner/Procurator Fiscal.
  - 2.11. Following a lack of objection from the Coroner/Procurator Fiscal; if any new information is received regarding the circumstances surrounding a patient's death or should there be any change in the details of the donation, such as a change in donor type from DCD to DBD where additional organs may be offered for donation, this information should be communicated to the Coroner/Procurator Fiscal and additional lack of objection sought. Details of these additional communications with the Coroner/Procurator Fiscal must be recorded on Donor path in the Coroner/Procurator Fiscal section.

### 3. REFERRAL TO THE CORONER/PROCURATOR FISCAL OFFICE

- 3.1. The SN or Clinician should contact the Coroner/Procurator Fiscal Office, where possible, **early in the donation process** during working hours. If a call has to be made out of hours, it is preferable for this to be done in the daytime if at the weekend or early evening if on a weekday, rather than overnight. This will allow for the Coroner/Procurator Fiscal to be contacted more easily and enable a quicker decision to be made. It will also allow for the Coroner/Procurator Fiscal office to have discussions with other Coroner/Procurator Fiscals, where the initial injury/incident may have occurred outside their jurisdiction or to the relevant police officers to discuss the case in further detail. If this is not possible, then contact should be made through agreed communication channels. A night-time call is generally only appropriate in the unlikely scenario where the referral is received out of hours, and the retrieval needs

to take place out of hours during that same window of time (i.e., the same night). The SN and Clinician must be available to answer any possible questions from the Coroner/Procurator Fiscal.

- 3.2. The SN should provide details including name & telephone number of the SN, name of the patient, date of birth, date, and place of death. A description of the course of events in hospital including what prompted the admission. These descriptions should include such details as, for example, whether a collapse was witnessed and, if so, by whom and exactly what was seen. If relevant, the SN should give a synopsis of police involvement and endeavour to provide the name and telephone number of the Senior Investigating Officer and any CAD number. The SN should also give the treating consultant's view of the medical cause of death. It may be necessary for one of the medical team to discuss this personally with the Coroner/Procurator Fiscal. The SN should also disclose any safeguarding concerns, trust/health board investigations or ongoing family complaints. Finally, the SN should give the anticipated timeframe of retrieval and also detail the specific organ(s)/tissue(s) requested for donation.
- 3.3. During all referrals to the Coroner/Procurator Fiscal, the SN needs to ensure that all potential organs and tissues are discussed to ensure the detail surrounding any restrictions or objection to organ and tissue retrieval are considered. This includes the potential use of Novel technologies, for example, Normothermic Regional Perfusion (NRP) when there are restrictions 'above the diaphragm', can NRP continue with an incision in the chest wall or cannulation of chest vessels.
- 3.4. The SN should also confirm if the Coroner/Procurator Fiscal has a requirement for admission blood samples and if there is likely to be a post mortem or Forensic involvement. If there is a Forensic interest, please note that hairlocks may be restricted by the Coroner/Procurator Fiscal and police escort may be required following time of death. This should all be discussed at time of final Coroner/Procurator Fiscal decision.
- 3.5. The SN should ask the Coroner/Procurator Fiscal or their officer if they are able to give a timeframe for a decision to be reached. If there are significant delays and a pause in the process is not possible, consider setting up the organ donation process pending Coroner/Procurator Fiscal decision. Organs can be offered pending the final decision; however, NORS should not be mobilised until a lack of objection from the Coroner/Procurator Fiscal is received. In exceptional circumstances NORS can be mobilised pending a Coroner/Procurator Fiscal decision but only if this has been discussed and agreed by the RM.

Caution: Please ensure if offering prior to the Coroner/Procurator Fiscal final decision, this is clearly documented in the visible Coroner/Procurator Fiscal box within the Consent Section of Donor Path to ensure this is communicated with Recipient Co-ordinators. 📡

- 3.6. If the timeframe for a decision has elapsed, and it is appropriate, then the SN should contact the Coroner/Procurator Fiscal or their officer for further advice.
- 3.7. **For London Team Only.** Following a successful pilot, the Coroner for North London who has jurisdiction over Barnet General, North Middlesex and Northwick Park hospitals has established an agreed email referral process. The Coroner will be sent **FRM6110** in all cases where the medical cause of death is unnatural or unknown or the death is reportable to the Coroner. If the medical cause of death is natural and not one that needs to be reported there is no need to contact the Coroner (See [Appendix 1](#)). The completed **FRM6110** should be sent to the Coroner via email ([admin.beh@hmc-northlondon.co.uk](mailto:admin.beh@hmc-northlondon.co.uk)) as soon as possible and the Coroner will make a decision in a timely manner between 8am and 10pm. This should be regardless of whether or not a family discussion has occurred. The read-receipt function of email should be utilised. Outside these hours, the Coroner will reply the following morning after 8am. In the unlikely event of an urgent decision being required out of hours, the Coroner should be contacted directly as per existing national practice. If the Coroner requires more information or wishes to discuss the case with either the SN or the medical team, they will contact the SN on the telephone number detailed on **FRM6110**. **FRM6110** will be returned via email to the SN detailing lack of objection/restrictions to donation and signed by the Coroner. This

should be printed out by the SN for the donor file. There is a requirement for **FRM6110** to be emailed with encryption to ensure that the mails are secure and there is no breach of confidentiality.

## 4. DECISION FROM THE CORONER/PROCURATOR FISCAL

- 4.1. In Scotland, written confirmation from the Procurator Fiscal involved is required under the Human Tissue (Scotland) Act 2006 as soon as is practicably possible. Usually this is emailed to the SN.
- 4.2. In England, Wales and Northern Ireland the practice of documenting the final decision differs between jurisdiction. In all cases, the SN should attempt to gain the final Coroner decision in writing via email. If attempts to gain written confirmation from the Coroner or Coroners Officer fail, the person who had the conversation with the Coroner should document their conversation and the final decision clearly within the medical records.
- 4.3. In all cases, the final Coroner/Procurator Fiscal decision, including the specific organs and/or tissues for donation or other/scheduled purposes should be clearly documented on the Coroner/Procurator Fiscal section of Donor Path and documented within the patient's medical records.
- 4.4. Prior to Donor registration, please ensure any restrictions are clearly documented in the Coroner/Procurator Fiscal free text box within the Consent Section of Donor Path. This is the only visible Coroner/Procurator Fiscal section for NORS/RPOCs and will allow retrieval and transplant considerations prior to NORS arrival at Donor hospital.

Has Coroner/Procurator Fiscal given consent for donation?

Please select

Please provide details and specify any instructions or restrictions stated by the Coroner/Procurator Fiscal and/or the pathologist

400 characters left

*Within the Consent Section of Donor Path*

- 4.5. Ensure the final decision document is utilised during all professional handovers including the SN to SN and SN to NORS team.
- 4.6. On occasion the Coroner/Procurator Fiscal may wish to speak to a retrieving surgeon(s) with certain stipulations and requests in relation to the retrieval/removal operation and make specific requests of the SN, e.g. photos (usually by police), completion of witness statement under section 9 of the Criminal Justice Act 1967 / MG11 Forms or pathology / police presence at retrieval, swabs or the impression of any bite marks, faxing of referral form **FRM4039** (if completed), the SN must facilitate any of these requests. The SN should request that the Coroner/Procurator Fiscal section of Donor Path is sent by the DFCS post donation if requested by The Coroner/Procurator Fiscal Office.
- 4.7. If Coroner/Procurator Fiscal restrictions result in a change to organ retrieval procedure that may impact individual organs, restrict supporting material (such as blood, lymph and spleen) or there is an inability to inspect the chest/abdominal cavity then consider escalation to TM/RM as necessary and ensure all centres, including the NRC are informed as per SOP4938.
- 4.8. In any event, the SN should instruct the retrieval surgeon that incisions for organ retrieval/removal must not encroach upon any endotracheal tube, site of neck surgery or neck ligature indentation. This should not prevent the retrieval surgeon from being able to perform a thorough assessment of the chest cavity.

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## Lack of Coroner/Procurator Fiscal Objection to Donation

- 4.9. If the Coroner/Procurator Fiscal lack's objection to organ and/or tissue donation and removal of organs for other/scheduled purposes, the SN must confirm any special requirements or specifications or restrictions and document it clearly in the patient's medical records and on Donor Path or **FRM4193** if **SOP3925** is implemented. It is the SN's responsibility to facilitate and support this. All relevant stakeholders and the donor family must be informed.
- 4.10. If the Coroner/Procurator Fiscal places restrictions on any organs and tissue for donation, then the SN must explore further with the Coroner/Procurator Fiscal and Pathologist if there are any implications for other organs being retrieved. i.e., if there is a strict request for the heart to be untouched then it's unlikely lung donation can proceed, as the lungs are unable to be removed without touching the heart.

## Coroner/Procurator Fiscal Objection to Donation

- 4.11. If the Coroner/Procurator Fiscal or their officer objects to organ and/or tissue donation, the SN should ascertain the reasons why donation cannot proceed. The SN should explore with the Coroner/Procurator Fiscal office options which may support a lack of objection. For example:
- Where possible or by regional agreement the SN should request to speak to the Coroner/Procurator Fiscal directly to discuss the rationale behind the objection to donation.
  - Whilst full organ and/or tissue donation may not be permitted, restricted permission may be an acceptable compromise for the Coroner/Procurator Fiscal.
  - Attendance of forensic and/or Home Office/Crown Office pathologist healthcare professionals can allow for an accepted form of post-mortem to take place.
  - Completion of relevant legal paperwork by retrieval surgeons (Section 9 Statements (Form MG11) - voluntary statements provided in compliance with the Criminal Justice Act (1967)) if required by the Coroner/Procurator Fiscal.
  - In attempt to preserve evidence (e.g. suspected murder case) it is very important to involve the police service. Discussions should be held between the Coroner/Procurator Fiscal office, the SN, and the police teams to consider this possibility. Remember to discuss family keepsakes at this point.
  - Further discussions between Coroner/Procurator Fiscal and lead clinicians about the patient's injuries and/or the cause of death, may assist in lack of objection being granted for donation; whilst the death might be unnatural, a cause could be clear.
- 4.12. The SN must inform all relevant stakeholders and donor family members of the Coroner/Procurator / Fiscal's decision and document this.
- 4.13. Where lack of objection from Coroner/Procurator Fiscal has been received, the SN should inform the Coroner/Procurator Fiscal if donation no longer proceeds. This could be due to no organs being accepted by recipient centres, an uncontrolled death during the donation process, reversal of consent or prolonged time to asystole.

## 5. POST – DONATION

- 5.1. Post donation communication must take place with the Coroner/Procurator Fiscal by the SN, confirming which organs and tissues have been retrieved in theatre. A pre agreed method with the Coroner/Procurator Fiscal should be arranged at time of referral. The TES Clinical Administration Team will inform the coroner of what tissues have been retrieved post tissue retrieval. Document actions in sequence of events.

- 5.2. It is often appreciated by the Coroner/Procurator Fiscal when SN's provide an outcome letter with details of organ and/or tissue recipients. This letter will be a duplicate of the letter's sent to department(s) involved in the donation process. Some Coroner/Procurator Fiscal's may choose to read out this letter at the inquest describing the recipients, and to offer a public acknowledgement of thanks. It is the Coroner/Procurator Fiscal's responsibility to inform next of kin if they plan to disclose any information contained in this letter during the inquest.
- 5.3. SN's must communicate to the DFCS using **FRM5499** if this is required. A member of the DFCS team will write the letter and send to the Team Leader for checking prior to sending.
- 5.4. **Please complete a Clinical Governance for any Coroner/Procurator Fiscal process which impacts negatively on the Organ Donation process.**
  - The Coroner/Procurator Fiscal will not receive more information than that contained within the family letter.
  - Should the family not wish to receive follow up information then the Coroner/Procurator Fiscal must not receive the information. The DFCS may write to the Coroner/Procurator Fiscal to explain the reasons for this if requested to do so by the SN.

## 6. Referral to Coroner/Procurator Fiscal for Tissue only donation from TES

- 6.1. Deceased donor referrals for tissue donation to TES occur from a number of sources which includes, hospitals wards, bereavement offices, hospices, families, care facilities and community healthcare professionals. In some cases, the circumstances surrounding the death of the patient would lead the medical teams who had provided treatment to the patient to contact the Coroner/Procurator Fiscal. The Coroner/Procurator Fiscal has a legal duty to enquire about deaths in their jurisdiction where the cause is either unknown, or where the death is violent or unnatural, and any death which occurs in custody or otherwise in state detention.
- 6.2. In any case where the Coroner/Procurator Fiscal or police is involved, the Coroner/Procurator Fiscal has the final decision if organ and/or tissue donation and removal of organs for other/scheduled purposes can proceed (DoH, 2010; COPFS, 2004). In order to assist the Coroner/Procurator Fiscal to make that decision, the SNTD and the medical team or referring party has an essential role in undertaking a detailed review of the circumstances surrounding the death of the potential donor.
- 6.3. On receipt of the referral for deceased donation the SNTD must enquire if the case is expected to be referred to the coroner and gather information from referring party around circumstances of death.

The SNTD will assess against circumstances where death must be reported to the Coroner for England and Wales. [Appendix 1](#).

For Scotland the referring party or Doctor who has certified death will be able to inform of requirement for referral to Procurator Fiscal. Guidance to when deaths should be reported to Procurator Fiscal can be found in [Appendix 2](#).

Requirements and guidance for when deaths should be reported to the Coroner service in Northern Ireland can be found in [Appendix 3](#).

- 6.4. For cases involving Police the incident log number will need to be sourced by SNTD.

In trusts/health boards where Medical Examiners (ME) are established, please follow the local process for referral of these cases. The Medical Examiners good practice guide can be found at [www.rcpath.org](http://www.rcpath.org)

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- 6.5. The SNTD will contact the medical examiner and/or bereavement office during available hours to gain more information around circumstances of death and enquire if medical teams are making a referral to Coroner.
- 6.6. In the absence of information around referral to Coroner, out of hours or at weekends the SNTD will need to assess if they will need to contact the Coroner to discuss the case. The SNTD can consider escalating to the TES Duty manager for advice.
- On referral to Coroner/Procurator Fiscal the SNTD must ensure that the key information is communicated to the Coroner/Procurator Fiscal office for a decision to be made. When discussing with the Coroner/Procurator Fiscal, SNTDs should ensure they list each tissue they are requesting to include blood sample if required.
  - In circumstances where a blood sample to support tissue donation is to be sourced from a laboratory the SN is required to ensure they request permission from Coroner/Procurator fiscal for this blood sample.
  - Due to the time sensitive nature of requirement to facilitate eye donation within 24hrs of death the SNTD will need to inform the Coroner/Procurator Fiscal of time restrictions for a decision.
  - To facilitate tissue or organ donation it may be required to consider for the donor to be moved to the dedicated donation facility at NHSBT premises in Speke Liverpool or arrange transfer from one facility to another e.g., Hospice to funeral directors or hospital to hospital, if this is the case the SNTD must request permissions from the coroner to do so and document decision clearly with any specific instructions from the coroner.
  - The SNTD is required to provide their name and contact number/email for the national referral centre.
  - This information is then assessed by the Coroner/Procurator Fiscal to determine if organ and/or tissue donation and removal of organs for other/scheduled purposes can proceed, without compromising any potential investigations. It is vital that the SN documents such communication accurately; so that the meaning is clear (NMC, 2009).
- 6.7. The Coroner/Procurator Fiscal decision must be clearly documented in the Tissue path donor record and include detail of any special requirements or restrictions.
- 6.8. For Organ donation referrals received from the SNOD the SNTD is required to review coroner referral and decisions information available in Donor path record ahead of arranging tissue donation to proceed, noting any restrictions to donation. If required, they should contact the SNOD pager/alert system to discuss and clarify Coroner/Fiscal consent for specific tissues has been confirmed.
- 6.9. The SN is required to document the coroner status on [Tissue Path within the Coroner Tab](#) for handover to the retrieval team.
- 6.10. The TES Clinical Administration Team will inform the coroner of what tissues have been retrieved when sending a request for cause of death **FRM1014** as documented in **SOP6079/1**

For summary of actions and consideration with a Coroner/Procurator Fiscal referral and decision, see [Appendix 4 - Coroner Organ Donation Referral Flowchart](#), [Appendix 5 – Coroner Tissue and Eye Services Donation Referral Flowchart](#) and [Appendix 6 - Coroner Decline for Organ and Tissue Donation Flowchart](#)



## Definitions

- **SN** - For the purposes of this document, the term 'SN' applies to either the Specialist Nurse: Organ Donation (SNOD), Specialist Nurse: Family Care (SNFC), Specialist Requester (SR) and Specialist Nurse: Tissue Donation (SNTD)
- **PF** - Procurator Fiscal (Scotland)
- **DCD** - Donation after Cardiovascular Death
- **DBD** - Donation after Brain Death
- **TES** - Tissue and Eye services
- **DFCS** - Donor Family Care Service
- **MCCD** - Medical Certificate of Cause of Death
- **HCP** - Healthcare Professional
- **Patient** - This term refers to the donor/potential donor
- **TM** - Team Manager
- **RM** - Regional Manager
- **NORS** - National Organ Retrieval Service
- **RPOC** - Recipient Point of Contact
- **NRC** - National Referral Centre

## Related Documents / References

- **FRM4039** - NHSBT Referral for Coroner/Procurator Fiscal
- **FRM6110** - Coronial Lack of Objection for Organ/Tissue Donation Request
- **FRM5499** - [SN to DFCS Handover Form](#)
- **FRM4193** - Core Donor Data - SNOD (Used as EOS back-up)
- **SOP3925** - Manual Organ Donation Process for Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability
- **FRM1014** - Cause of Death Confirmation
- **SOP6079** - Deceased Donor File Administration -Tissue Path
- **SOP4938** - Sharing Clinical Information
- Central Office Procurator Fiscal Service <http://www.crownoffice.gov.uk>
- Chief Coroner Guidance No 26 – Organ Donation <https://www.judiciary.uk/wp-content/uploads/2017/12/guidance-no-26-organ-donation.pdf>
- Guidance on Death, Stillbirth and Cremation Certification - [www.ihrdni.org/315-008.pdf](http://www.ihrdni.org/315-008.pdf)
- [Medical Examiners good practice guide](http://www.rcpath.org) can be found at [www.rcpath.org](http://www.rcpath.org)

## Appendices

### APPENDIX 1 – Deaths which should be reported to the Coroner in England and Wales

- The death was due to poisoning including by an otherwise benign substance
- The death was due to exposure to, or contact with a toxic substance
- The death was due to the use of a medicinal product, the use of a controlled drug or psychoactive substance
- The death was due to violence, trauma, or injury
- The death was due to self-harm
- The death was due to neglect, including self-neglect
- The death was due to a person undergoing any treatment or procedure of a medical or similar nature
- The death was due to an injury or disease attributable to any employment held by the person during the person's lifetime
- The person's death was unnatural but does not fall within any of the above circumstances
- The cause of death is unknown
- The registered medical practitioner suspects that the person died while in custody or otherwise in state detention
- There was no attending registered medical practitioner, and there is no other registered medical practitioner to sign a medical certificate cause of death in relation to the deceased person
- Neither the attending medical practitioner, nor any other medical practitioner able to sign the medical certificate cause of death, is available within a reasonable time of the person's death to sign the certificate of cause of death
- The identity of the deceased person is unknown

(The Notification of Deaths Regulations 2019)

#### ADVICE

**SN-ODs and SNTDs MUST BE AWARE OF THEIR REGIONAL CORONERS' REFERRAL PATTERNS AND CRITERIA, HOWEVER, IF IN ANY DOUBT THE CORONER'S OFFICE SHOULD BE CONTACTED TO DISCUSS THE CASE.**

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## APPENDIX 2 – Deaths which should be reported to the Procurator Fiscal in Scotland

**Any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:**

- Suspicious deaths – i.e., where homicide cannot be ruled out
- Drug related deaths - including deaths due to adverse drug reactions reportable under the Medicines and Healthcare Products Regulatory Agency (MHRA) (Yellow Card Scheme)
- Accidental deaths (including those resulting from falls)
- Deaths resulting from an accident in the course of employment
- Deaths of children from overlaying or suffocation
- Deaths where the circumstances indicate the possibility of suicide
- Any death due to natural causes where the cause of death cannot be identified by a medical practitioner to the best of his or her knowledge and belief.
- Deaths as a result of neglect/fault (including self-neglect)
- Deaths from notifiable industrial/infectious diseases
- Deaths whilst detained or liable to be detained (including community-based compulsory treatment order) under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Part VI of the Criminal Procedure (Scotland) Act 1995
- Death of a person subject to legal custody, including detained in prison, arrested, or detained in police offices and in the course of transportation to and from prisons, police offices or otherwise beyond custodial premises e.g., a prisoner who has been admitted to hospital or a prisoner on home leave

**Deaths under medical or dental care where:**

- the circumstances of which are the subject of concern to, or complaint by, the nearest relatives of the deceased about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.
- the circumstances of which might indicate fault or neglect on the part of medical staff or where medical staff have concerns regarding the circumstances of death
- the circumstances of which indicate that the failure of a piece of equipment may have caused or contributed to the death
- the circumstances of which are likely to be subject to an Adverse Event Review (as defined by Healthcare Improvement Scotland)
- where, at any time, a death certificate has been issued and a complaint is later received by a doctor or by the Health Board, which suggests that an act or omission by medical staff caused or contributed to the death
- caused by the withdrawal of life sustaining treatment or other medical treatment to a patient in a permanent vegetative state (whether with or without the authority of the Court of Session).
- which occurs in circumstances raising issues of public safety.

**Any death of a child:**

- which is a sudden, unexpected, and unexplained perinatal death
- where the body of a newborn is found
- where the death may be categorised as a Sudden Unexpected Death in Infancy (SUDI)
- which arises following a concealed pregnancy
- a child whose name is on the Child Protection Register
- a child who is subject to a supervision requirement made by a Children's Hearing
- a child who is subject to an order, authorisation or warrant made by a Court or Children's Hearing (e.g., a child being accommodated by a local authority in foster care, kinship care, residential accommodation, or secure accommodation)
- a child who is otherwise being accommodated by a local authority

(COPFS, 2015)

### ADVICE

**SN-ODs and SNTDs MUST BE AWARE OF THEIR REGIONAL PROCURATOR FISCALS' REFERRAL PATTERNS AND CRITERIA. HOWEVER, IF IN ANY DOUBT A PROCURATOR FISCAL'S OFFICE SHOULD BE CONTACTED TO DISCUSS THE CASE.**

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## APPENDIX 3 – Deaths which should be reported to the Coroner Service in Northern Ireland

There is a general requirement under section 7 of the Coroners Act (Northern Ireland) 1959 that any death **must** be reported to the Coroner if it resulted directly or indirectly, from any cause other than natural illness or disease for which the deceased had been seen and treated within 28 days of death. Deaths should be referred to the Coroners Service if a medical practitioner has reason to believe that the deceased died directly or indirectly: This list is not exhaustive:

- As a result of violence, misadventure or by unfair means
- As a result of negligence, misconduct, or malpractice
- From any cause other than natural illness or disease e.g., homicidal deaths or deaths following assault, road traffic accidents or accidents at work, deaths associated with the misuse of drugs (whether accidental or deliberate), and apparent suicidal death, all deaths from industrial diseases
- From natural illness or disease for which the patient had not been seen and treated by a registered medical practitioner within 28 days prior to their death
- Death as a result of the administration of an anaesthetic (there is no statutory requirement to report a death occurring within 24 hours of an operation – though it may be prudent to do)
- In any circumstances that require investigation e.g., the death, although apparently natural was unexpected and Sudden Unexpected Death in Infancy

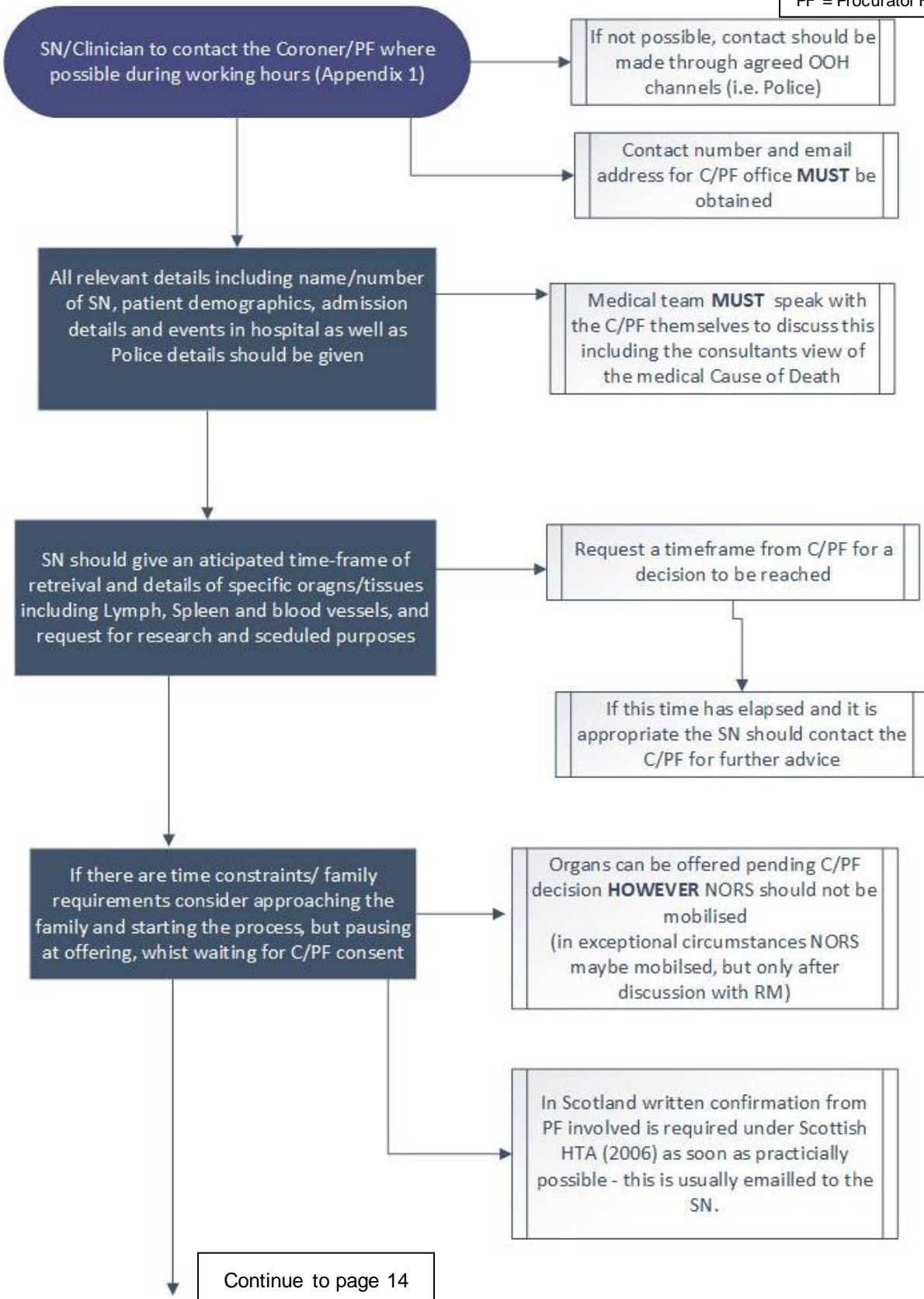
Doctors should refer to the Registrar General's extra-statutory list of causes of death that are referable to the Coroner. (Guidance on Death, Stillbirth and Cremation Certification, 2012)

### ADVICE

**SN-ODs and SNTDs MUST BE AWARE OF THEIR REGIONAL CORONERS' REFERRAL PATTERNS AND CRITERIA. HOWEVER, IF IN ANY DOUBT THE CORONER'S OFFICE SHOULD BE CONTACTED TO DISCUSS THE CASE.**

**APPENDIX 4 – Coroner Organ Donation Referral Flowchart**

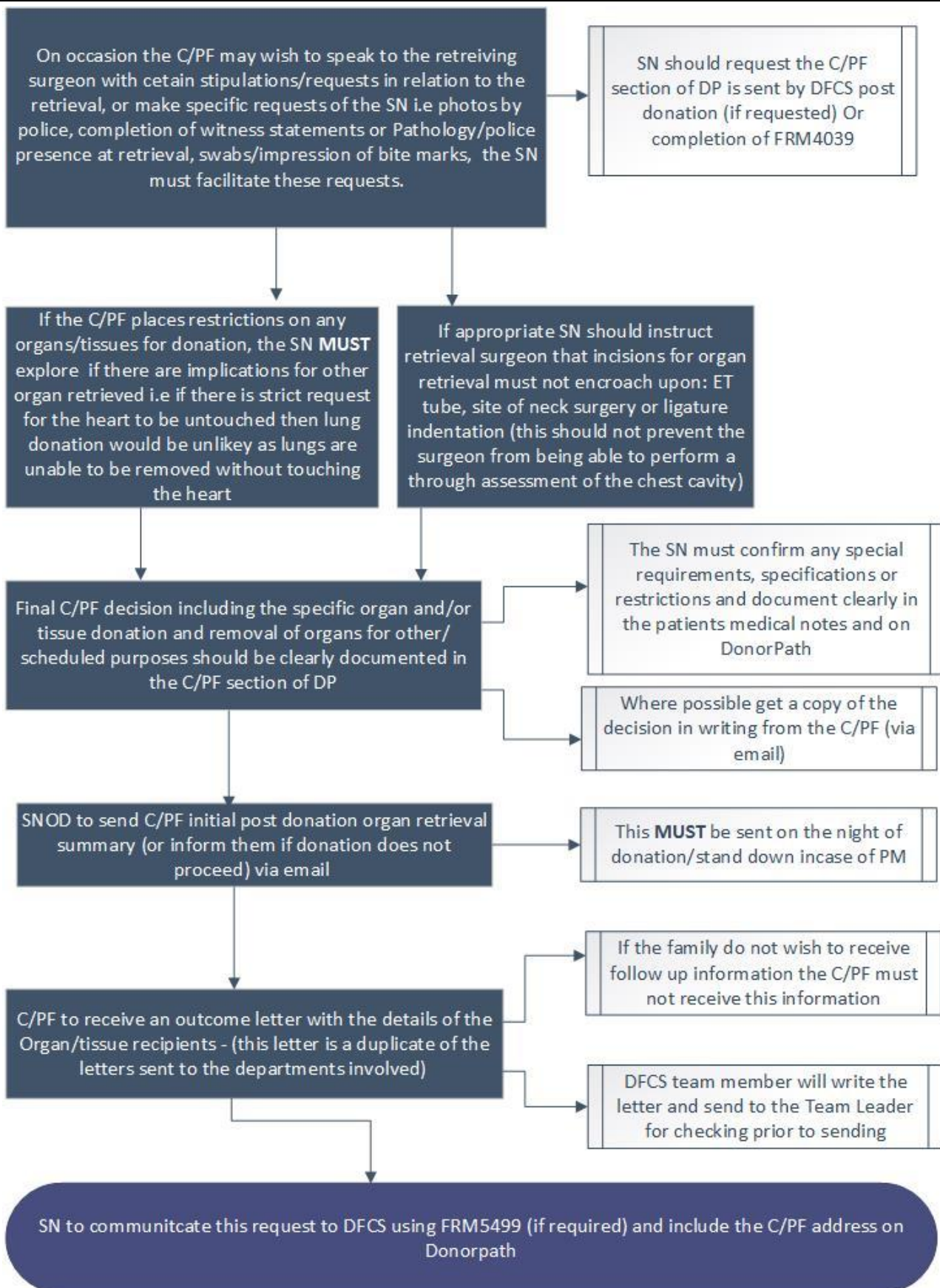
**KEY:**  
 C = Coroner  
 PF = Procurator Fiscal



# MPD865/8 – Obtaining Coroner/Procurator Fiscal Decision

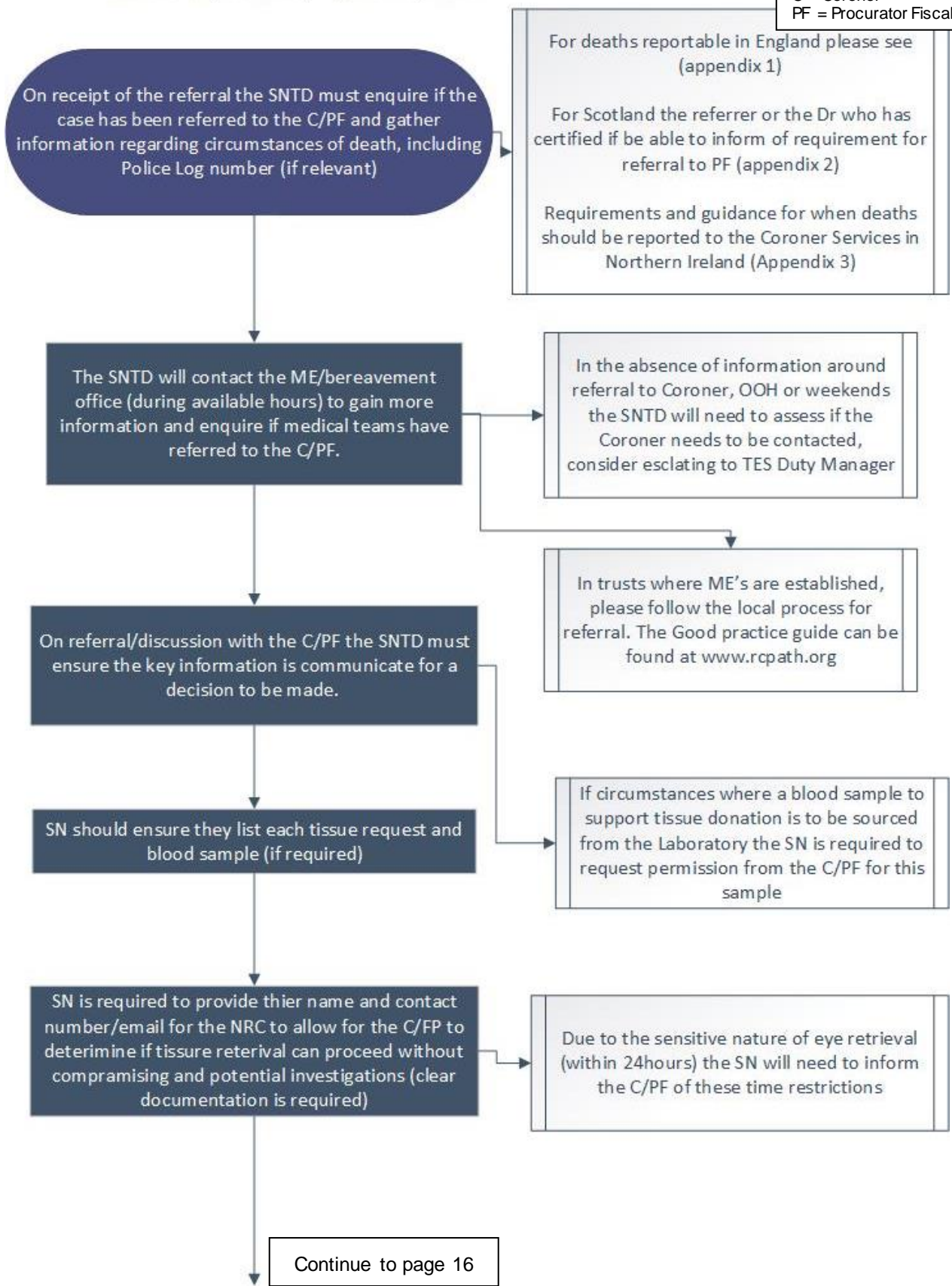


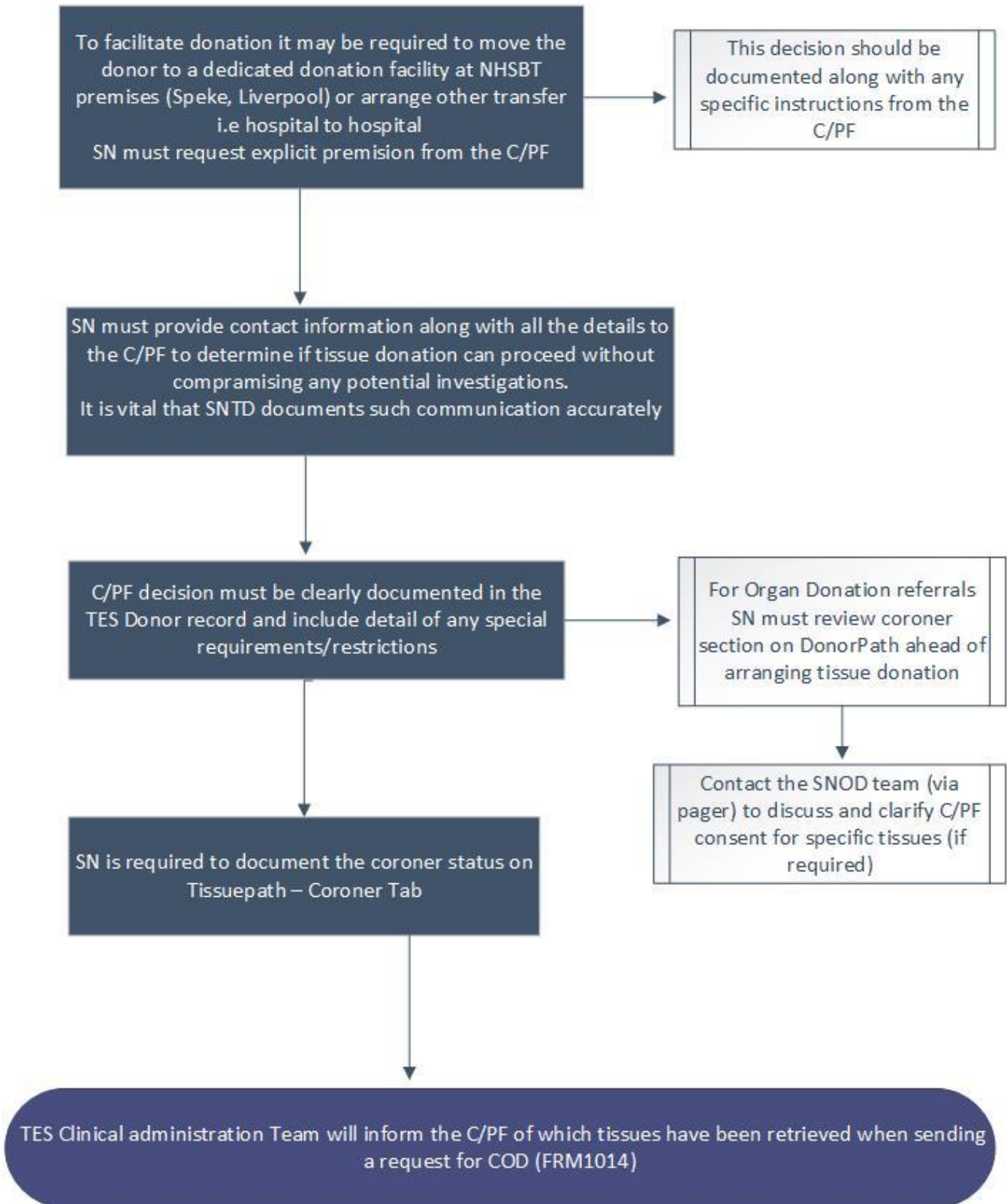
Blood and Transplant  
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 Effective date: 15/02/2023



**APPENDIX 5 – Coroner Tissue and Eye Services Donation Referral Flowchart**

KEY:  
 C = Coroner  
 PF = Procurator Fiscal







## APPENDIX 6 – Coroner Decline for Organ and Tissue Donation Flowchart

KEY:  
C = Coroner  
PF = Procurator Fiscal

Coroner Decline:

If C/PF or officer object to organ and/or tissue donation then SN (SNOD/SNTD) should ascertain the reasons why donation cannot proceed.

Where possible SN should request to speak to the C/PF directly to discuss the rationale behind the objection  
Options to be considered:

Full organ/tissue donation may not be permitted, restricted permission may be an acceptable compromise

Attendance of forensic and/or Home Office/Crown Office pathologist HCP can allow for accepted form of PM to take place

To preserve evidence (i.e. suspected murder case) it is very important to involve the police. Discussions should be held between the C/PF, SN and police teams to consider the possibility  
**- Remember to discuss family keepsake at this point**

Further discussion between C/PF and lead clinicians about the patient's injuries and/or cause of death, may assist in lack of objection being granted for donation: death may be unnatural, but cause could be clear

Completion of relevant legal paperwork by retrieval surgeons (Section 9 Statements (FORM MG11)) voluntary statements provide in compliance with the Criminal Justice Act (1967) if required

SN must inform all relevant Medical Staff and donor family members of the C/PF decision and document on Donorpath and in patient's medical notes