12th March 2015.

Dear Doctors

**Deprivation of Liberty Safeguards**

In June 2014 I gave guidance with regard to reportable deaths including the provision that a death should be reported to HM Coroner particularly if the deceased was currently, or had been subject to, a Deprivation of Liberty Safeguard (Mental Capacity Act 2005).

I believe that subsequently Care Homes have been notified that “…the Coroner must be notified in the event of the death of anyone subject to a DoL Authorisation”.

The Coroners and Justice Act 2009, Section 1(2)(c) provides “…where the Coroner has reason to suspect that the deceased died while in custody or otherwise in state detention” the Coroner must conduct an Investigation. State detention now includes those persons who are subject to a Deprivation of Liberty Safeguard. Therefore I am now asking for **ALL** such cases to be referred to me including ‘natural deaths’.

In the event that you are reporting a death to my office you may be asked to confirm whether or not the deceased was subject to a Deprivation of Liberty Safeguard. It may be prudent for you to establish this before contacting my office.

It is of the utmost importance that this information is established at the time the death is being referred because I am obliged to hold an Inquest as part of my Investigation. If the death is a natural death, then I can proceed to Inquest without the need for a jury. If the death is ‘unnatural’, such as via a fall, then a jury will be required.

In the event of the deceased being subject to a Deprivation of Liberty Safeguard then you will not be in a position to issue a Medical Certificate as to the Cause of Death (MCCD), instead you will be invited to sign a short statement replicating the information on the MCCD as per the attached the doctor will be invited to sign. If the family agree then this Statement can be
admitted to evidence by virtue of Rule 23 of the Coroners (Inquests) Rules 2013 without the need for you to attend the Inquest hearing at Court.

I appreciate that this will involve additional work for us all but it is far better to establish whether or not the deceased person was subject to a Deprivation of Liberty Safeguard from the outset rather than when the death has been registered with all of the upset this has the potential to cause for a family.

I am grateful to you for your co-operation in this regard and if you have any queries my Officers will be only too glad to offer advice and assistance.

TOM OSBORNE
HM Senior Coroner
Bedfordshire & Luton enc
Statement

Death occurred while the patient was subject to a Deprivation of Liberty (DoL) Safeguard

- Name of deceased: _____________________________________________________________
- Address: ___________________________________________________________________
- Date of birth: ___________  •  Date of death: _________  •  Age: ________________
- Place of death: _______________________________________________________________
- I can confirm that I viewed the body after death on: _______________________________

CAUSE OF DEATH (no abbreviations)

1(a) Disease or condition directly leading to death: ________________________________
1(b) Other disease or condition, if any, leading to (a): ____________________________
1(c) Other disease or condition, if any, leading to (b): ____________________________
2 Other significant condition contributing to the death but not related to the disease or condition causing it:

At the time of death the deceased was subject to a Deprivation of Liberty (DoL) Safeguard.

I can confirm that the cause of death was natural and I have no concerns relating to the care of the deceased and none have been made known to me.

I hereby certify that I was in medical attendance during the above named deceased’s last illness and that the particulars and the cause of death written above are true to the best of my knowledge and belief.

- Signature: ___________________________________________________________________
- Name: _____________________________________________________________________
- Qualifications as registered by the GMC: __________________________________________
- Residence: __________________________________________________________________
- Dated: ____________________________________________________________________

I am not aware of any prospective difficulty with the disposal arrangements for the body (e.g. pacemaker)