



Friday, 23 November 2007

Home Office
Mass Fatalities Section
5th Floor
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Dear Sir

Re: Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths Consultation

The Faculty of Forensic and Legal Medicine welcomes the opportunity to respond to the above consultation paper. The faculty was established last year by the Royal College of Physicians of London and has been founded to achieve the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine.
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

The faculty includes three different professional groups:

- Forensic physicians
- Medically qualified coroners
- Medico-legal advisers to the medical defence organisations

I have been asked to comment on this consultation on behalf of the Faculty of Forensic and Legal Medicine where a number of our members have direct experience in assisting the investigation of sudden and unexplained death.

Depending upon which scenario materialises under National Planning Assumptions, the Faculty believes it is correct to acknowledge that different ways of working will require to be introduced.

Although the primary aims (as stated) should be to ensure current checks and balances remain in place along with an attempt to maintain dignified funerals, this may in reality not be possible particularly if there is a clinical attack rate of 50% and a case fatality rate of 2.5%.

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In the event of a true flu pandemic, there will be an increased number of deaths, to be certified and this will put considerable pressure on medical practitioners and the authorities as a whole. The likelihood is that the same percentage of medical practitioners and members of the authorities such as the police, Coronial service, pathologists and others will themselves be laid low by flu for periods of time putting an even greater strain on the system.

Also, there may be increased pressure for the disposal of the body, with the type of disposal specified, due to public health reasons.

Whilst the majority of deaths currently occur in the hospital setting, the paper is quite correct to appreciate that during a pandemic a large proportion of additional deaths will occur in the community.

The Faculty understands that the approach taken by COPFS (Crown Office Procurator Fiscal Service) in Scotland is that clinically responsible and appropriate certification of death requires the medical practitioner to be satisfied on the **balance of probabilities** as to the likely cause of death.

There may not be an appreciation at the moment within the medical profession that this is the standard of proof required in fulfilling the requirement set out in 4.2.1 that there is a statutory duty on every registered medical practitioner who has *attended on the deceased during their last illness* to complete a Medical Certificate of Cause of Death (MCCD).

Again, the Faculty would agree that GPs would normally be in a position to complete the majority of such certificates, unless there was an identified need to report the death to a Coroner.

The Faculty also believes that there are a number of situations where Medical Practitioners may need to consider whether a cause of death of *pandemic flu* can be certified. It is anticipated that the majority of deaths during a flu pandemic will be readily identifiable as such.

Provided there is acknowledgement that it is appropriate to use the term *pandemic flu* as a cause of death where this is the likely diagnosis on the balance of probabilities then the Faculty believes that the measures proposed are practical.

The Faculty would also support a proposal to widen the pool of those who are able to complete MCCDs beyond registered doctors who have attended the patient but during the period of a pandemic only.

However, there may be certain categories where identification of the cause of death is not so straightforward and one requires to ensure that there are safeguards in this situation.

There would also have to be arrangements made for suitable advice to be provided by experienced doctors and the Faculty envisages that this would best be provided through the newly created post of medical examiners presently being considered as part of the view of the Coronial system in conjunction with changes to death/cremation certification .

The suggestions in relation to prioritisation of disposal certificates over Inquests by Coroners and arrangements being made in case of the absence of Coroners due to the Pandemic all appear workable.

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ent Pathologists to undertake the number of autopsies that would currently be considered desirable and flexibility on the necessity for post mortem examinations is essential. Again, the involvement of medical examiners here would be beneficial.

To that end, adopting the \grave{a} -view and grant \emptyset system in place in Scotland where a MCCD is issued after a relevant history is obtained and careful external examination takes place should be considered.

Finally, thought should be given to the use of forensic physicians (previously known as police surgeons) giving advice re death certification prior to the inception of any new medical examiner service as the Faculty believes this group will almost certainly provide most of the personnel for this new body.

Yours faithfully



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