



What Deaths Must Be Reported

There are specific legal rules in Victoria that determine whether a death must be reportable to the Coroner; these legal requirements are outlined in the [Victorian Coroners Act 2008](#).

It would be nice to think that the laws are clear cut and that Doctors would have no difficulty in understanding whether a death must be reported to the Coroner. Sadly this is **NOT** always the case (please remember if you do decide to report a death to the Coroner, you should **NOT** write a death certificate).

Below are the definitions about what constitutes a reportable death. We have attached several comments that may assist a Doctor in working out whether a particular death must be reported to the Coroner. **BUT** please remember, if you have any doubts about whether the death is reportable please ring the Coroners Admissions and Enquiries Office (CAE) on 1300 309 519.

If, after discussing the death with our staff, you decide not to report the death but to instead write a death certificate it might be prudent to discuss what you intend to give as the 'Cause of Death' with the Coroners Admissions and Enquiries Office. This can be helpful since your cause of death will be reviewed by the Victorian Registrar of Births Deaths and Marriages who will refer the death to the coroner if they believe that the cause of death given on the certificate suggests that the death was reportable. Some **700 death certificates** are referred to the Coroner each year by the Registrar of Births Deaths and Marriages because on the face of what is written the death appear to be reportable.

There are a number of factors that cause 'death certificates' to be referred to the Coroner but the inclusion of a reportable cause in either any of the lines/boxes that make up part 1 (1(a), 1(b), 1(c) etc.) or part II will cause the death to be reported. In this regard remember that part II causes that have 'contributed to the death' are still part of the cause and will be taken into account when considering whether the death is reportable. The inclusion of any 'cause' that could be an injury or the result of an injury, whenever the injury occurred (even if it was decades before) will make the death reportable. For example, if acquired brain injury (ABI) is included, whether the cause of the ABI was the result of trauma or natural disease and regardless of the ABI being acquired 20 years earlier, without further explanation the inclusion of the term in any cause of death statement will result in the death being referred to the Coroner.

In relation to the above it is also important to remember that this is a 'certificate' setting out what underlying pathological disease processes you believe actually caused the death and not a precis form of the patient discharge summary.

I.e. It is a cause of death certificate NOT a comorbidity certificate!

Incidental diseases or medical conditions that the patient had but did not cause or contribute to the death should **NOT** be included on a 'death certificate'.

So What Deaths Do You Report To The Coroner?

Before the medical details of a case are considered there are some general overarching considerations.

Firstly, for a death to be reportable in Victoria: one of the following must apply:

- the body must be located in Victoria or
- the death occurred in Victoria or

- the cause of death occurred in Victoria (e.g. a man is injured in a car crash in Victoria, but is taken to a hospital in NSW for treatment and finally dies there) or
- the deceased person normally lived in Victoria even if they died interstate or overseas. (e.g. a Victorian resident goes on a 12-month 4WD tour of Australia and dies of injuries sustained in a national park in the Northern Territory. Such a death should be reported the Coroners in both Victoria and the Northern Territory and it will be up to the respective Courts to determine how the investigation will proceed.)

Secondly once it has been determined that the death falls into one of the above criteria and is death is capable of being a reportable death then the type of death must be looked at to see if it has occurred in circumstances or of a cause of death that that makes it reportable. The main reportable circumstances are:

The identity of the person is unknown. Regardless of the cause of the death (even if it is from known natural causes and was medically expected) the death of a person whose identity is unknown must be reported to the Coroner.

The medical cause of the person's death is unknown. If the doctor does not know the cause of death to a level of certainty that would permit them to be able to complete the cause of death statement on a 'Death Certificate', then the death must be reported to the Coroner.

A death is reportable if it is unexpected, unnatural or violent; more importantly deaths are also reportable if the cause of death was **a direct or even a very indirect result of an accident or injury** acquired years or decades previously.

There is no time limit on how old the accident or injury was that could have caused the death indeed, it could have occurred years or decades ago. (e.g. a paraplegic from a traffic accident 25 years ago dies of aspiration pneumonia – if the accident had resulted in her having swallowing problems and these ultimately contributed to her aspirating her food/drink and developing the terminal pneumonia then her death must be reported to the Coroner.)

While violent deaths such as deaths directly or indirectly due to an accident or injury are relatively easy to determine, it must be remembered that injury can include non-kinetic trauma such as chemical and thermal injuries.

The most problematic definition here is the term 'unexpected'. This is not defined further in legislation and it is unclear if the death needs to be considered unexpected only by the Doctor/Police or only by the family. Given that it is possible that a Doctor might not consider a patient's death to be unexpected, but their family do, it might be prudent for such deaths to be reported to the Coroner for them to determine how to best to proceed.

Unexpected deaths during/following medical procedures that the doctor would not have expected to result in death are reportable (e.g. a fit, healthy young person dies in theatre during a regular appendectomy). Again, there is no time limit for how long **after a medical procedure** a death a death would be reportable the principle is the existence of a causative medical link between the death and the procedure.

Deaths in Care or in Custody. The death of any individual in the care of the state, even if it is from known natural causes and was medically expected, must be reported to the coroner. This includes any death of a prisoner in a prison or on parole, any person in police custody or in the care or control of police, any involuntary patient in a mental or aged care health service and anyone subject to a court care order or similar arrangement.

A death certificate is unable to be provided. Regardless of the reason if a death certificate cannot be provided to the Registrar of Birth deaths and Marriages the death becomes reportable to the Coroner. (e.g. a doctor is on holiday and the patient's medical records are not available to the partners in the medical practice and no other medical practitioner knows the patient sufficiently well enough to determine how they died.)