

## **When should I call the coroner? "Cheat Sheet" for Potential Transplant Cases**

The Coroners Act defines deaths that must be reported to a coroner. The BCCS is committed to ensuring transplant cases proceed whenever possible, adopting the approach of "zero denials" and "approvals with restrictions". However, informing the coroner early in the process is helpful. ICU physicians are typically very experienced in knowing when to call the coroner, and the transplant team may find it helpful to consult the ICU physician for their opinion on whether this death constitutes a "coroner's case".

Section 2 of the Coroners Act is on the following page. In summary, the following deaths should be reported to the coroner:

- **Children (under 19 years)**

Report all deaths, even if the death was expected

- **Adults**

Report **all deaths that are non- natural, including:**

- Assaults
- Motor vehicle crashes
- Spinal cord injuries
- Head trauma
- Drug overdose
- Burn patients
- Any suicide attempt

**Report such deaths** even when:

- there has been prolonged hospitalization and injuries are well-documented
- the role of the injury in contributing to the death is not clearly understood- particularly in persons with multiple medical problems. If an injury precipitated the chain of events leading to death, call the coroner.

**Examples of deaths that should be reported to a coroner:**

- 1- A 45 year old male arrives in the ER in cardiac arrest. He is successfully resuscitated but brain death is declared. He was previously entirely healthy and the etiology of the cardiac arrest is unknown.
- 2- A 35 year old male is involved in a single vehicle motor vehicle crash and suffers a subdural hemorrhage. He survives in the ICU for 6 days, but ultimately is declared brain dead.
- 3- A 25 year old female is falls to the ground in a witnessed scuffle. She sustains a fractured skull and epidural hematoma. She is declared brain dead.

**You do not need to call the coroner when:**

- 1- The disease process is entirely natural.
- 2- The fall/injury was secondary to a catastrophic natural event. (ex: patient suffers a ruptured AVM and collapses, this collapse causes a humeral fracture, brain death is pronounced).
- 3- The death is "unexpected" but the diagnosis is clear and entirely natural (ex: a previously health 25 year old suffers a spontaneous SAH and is being considered for Donation after Cardiac Death).

**Coroners Act Section 2**

- 2 (1) A person must immediately report to a coroner or peace officer the facts and circumstances relating to the death of an adult or child who the person has reason to believe has died
  - (a) as a result of violence, accident, negligence, misconduct or malpractice,
  - (b) as a result of a self-inflicted illness or injury,
  - (c) suddenly and unexpectedly, when the person was apparently in good health and not under the care of a medical practitioner,
  - (d) from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner,
  - (e) during pregnancy, or following pregnancy in circumstances that might reasonably be attributable to pregnancy,

(f) if the chief coroner reasonably believes it is in the public interest that a class of deaths be reported and issues a notice in accordance with the regulations, in the circumstances set out in the notice, or  
(g) in any prescribed circumstances.

2 (2) If a child died in circumstances other than those described in subsection (1), a person who, by regulation, must report child deaths, must immediately report to the chief coroner, in the form required by the chief coroner,

- (a) the facts and circumstances relating to the child's death, and
- (b) any other information required by the chief coroner

**The hospital switchboard will have the number for the local coroner.**