



Humber and North Yorkshire
Health and Care Partnership

Verification of Death

Expected Death (Natural)

A death that was anticipated or expected. Often patients who are on a dying pathway and are known to a team who is providing end of life care.

Criteria

- DNACPR
- ReSPECT
- Syringe Driver
- End of life care pathway

VEOD – Community Nursing or Community Services can verify as they know the person well and can alert the GP with confidence that death was explained and natural

Consideration/exemptions

VEOD cannot be performed if there are any suspicions that death was not natural. In these instances, the care team would refer to police.

Certification

The GP can identify a cause of death.

Unexpected Death (Natural or unnatural)

A death that occurs suddenly or prematurely and is not expected.

VEOD – Ambulance providers or Police.

Considerations/Exceptions

The individual may have evidence of advanced disease, advanced care plans such as a DNACPR however, wasn't expected to die.

In these circumstances health care staff are not able to verify as they cannot rule out suspicious circumstances or a death being hastened. It may also be logistically impractical; P is on the floor or trapped in toilet so will also require moving and handling

Certification

The GP may still be able to identify a cause of death based on information, ie significant Cardiac history, AAA then acute death occurs.

Unexplained Death (Natural or Unnatural)

A death where it is not clear what the individual died from.

VEOD – Ambulance/police

Certification

A cause of death needs establishing and is unclear.

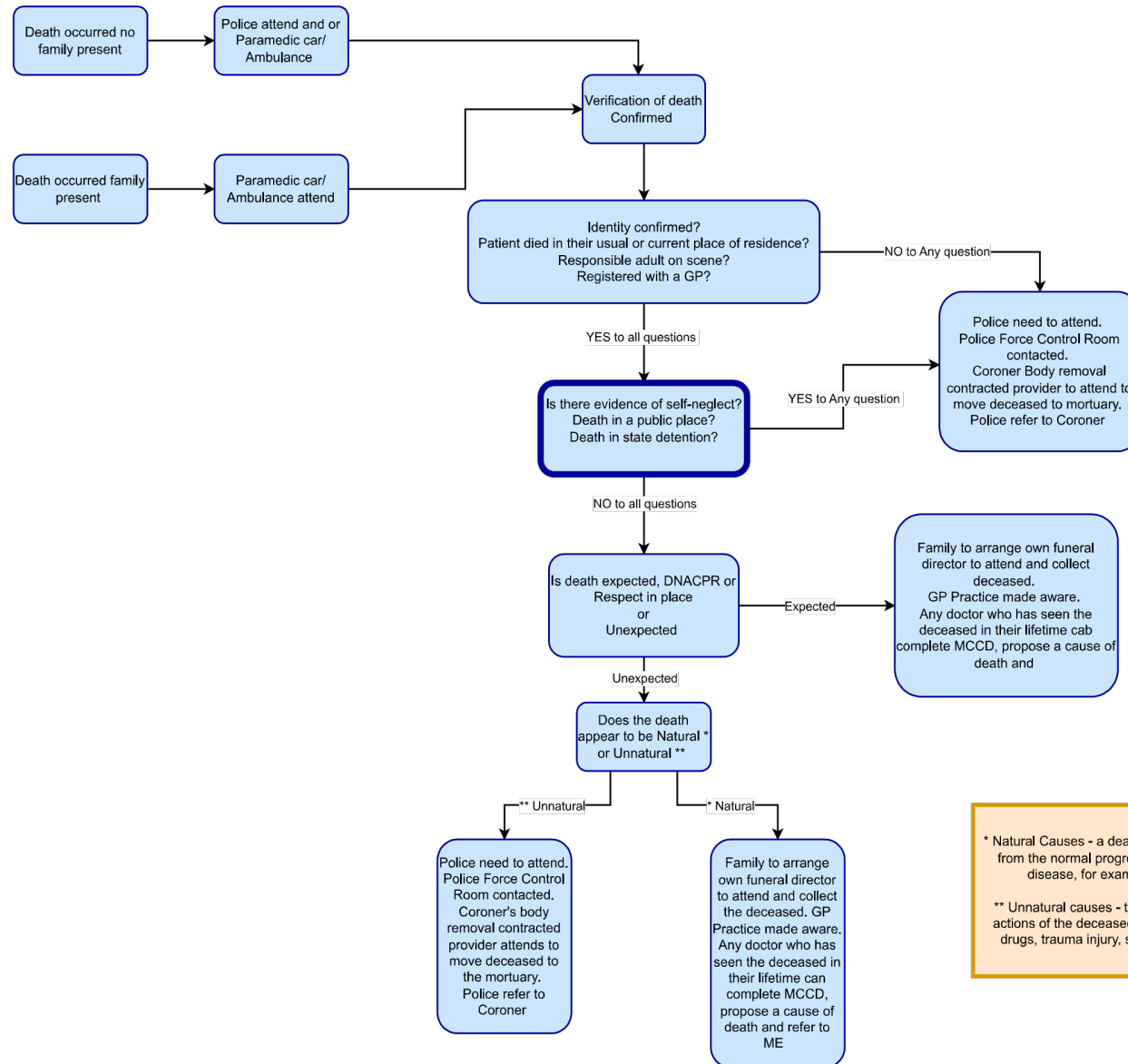
Suspicious Death (Unnatural)

A death that was not expected and those visiting suspect it wasn't natural or has potential for criminality.

VEOD –police

Certification

Unable – coronial process



* Natural Causes - a death that appears to have resulted from the normal progression of a naturally occurring disease, for example, cancer, old age etc

** Unnatural causes - the death may be as a result of actions of the deceased or of a 3rd party, for example drugs, trauma injury, suicide, murder/ manslaughter

- Homicide and all reported “suspicious deaths” where criminality may be a factor.
- All reported violent and unnatural deaths.
- Fatal accidents of all types (Road Traffic Collisions, industrial Incidents)
- Suspected suicide or assisted suicide.
- Death with suspected drug abuse or cause
- Sudden and unexpected sudden death of children under 18 (SUDIC)
- Persons found deceased after forced entry (either by police or others) into premises. This included reports of “Concern For Welfare” to police, even if appears to be from natural causes
- Death in a public place
- Deaths in private premises where the next of kin will not take responsibility for the deceased.
- Deaths on/in premises occupied by the MOD.
- Where a person identity is not known or suspected to be false
- Deaths when a person is not registered with a GP.
- In a nursing/ care home and there are potentially suspicious circumstances or neglect
- Suspicious death involving suspected criminality.
- Specific vulnerabilities where the deceased has been involved with the police recently.