Shipman inquiry calls for major changes in death certification

Clare Dyer *legal correspondent, BMJ*

Sweeping changes are needed to plug loopholes in the systems of death and cremation certification that allowed the English GP Harold Shipman to murder more than 200 patients, the Shipman inquiry says in a discussion paper this week.

Shipman, from Hyde, Greater Manchester, who became Britain's most prolific serial killer, killed 215 patients, according to the inquiry's findings. Many of the victims, mainly middle aged and elderly women, died unexpectedly, without any history of terminal or life threatening illness.

Shipman avoided referrals to the coroner by claiming that he was in a position to certify the cause of death and by persuading relatives that no postmortem examination was necessary.

"In order to afford the public a proper degree of protection," the inquiry concludes, "measures must be devised to ensure that all unexpected deaths are reported and their cause properly investigated."

The inquiry, chaired by High Court judge Dame Janet Smith, is asking for responses by 25 November 2002. A series of seminars will follow next January. Work by the inquiry so far has revealed two "major underlying weaknesses" in the current system.

Firstly, no exchange of information takes place between those involved in death certification and registration and those taking part in cremation certification. The patient's medical records are not compared with the information on the death certificate, and the lack of communication means no single person has an overview of the circumstances surrounding the death.

Secondly, the deceased's family is not involved in providing information about or evaluating the cause of death, or in the cremation authorisation.

"Because he knew that the family would never be told what he had said or written about a death, it was possible for Shipman repeatedly to lie on cremation forms B, to the doctors completing the forms C [which must be completed by a second doctor] and, when necessary, to the coroner's office," says the paper.

JOHN GILES/PA

Official: death certificates must change post-Shipman

The inquiry recommends that any new system of death certification should apply to deaths in hospital as well as in the community. Any new system must minimise any risk of the successful concealment of an unlawful death but should also "provide a safeguard against attempts to conceal incidents of medical error or lack of proper medical care which result in death, as well as unlawful acts by persons other than health professionals," says the paper.

The inquiry proposes a new body of "medical coroners," responsible for investigating and determining all issues relating to the cause of death, leaving the "judicial coroner" to determine factual issues and disputes surrounding the death. Doctors who certify death would have to report all unexpected deaths to the medical coroner, and a new form of death certificate would include details of the deceased's recent medical history and consultations. □

Developing a New System for Death Certification: The Shipman Inquiry, October 2002 is available at www.the-shipman-inquiry.org.uk

We are definitely not amused

Roger Dobson *Abergavenny*

Family doctors are far more likely to use "we" than patients, who are far more likely to use "I" during consultations, researchers have shown, in what is believed to be the first in depth study of pronoun use by doctors and patients.

A team from the Department of General Practice at Birmingham University analysed audiotapes of 375 consultations at 21 practices in the West Midlands for use of first person pronouns (*Family Practice* 2002;19:484-8).

They found that the average number of words spoken at each consultation was 1742. Doctors used an average of 933 words and patients used an average of 794.

Doctors were far more likely than patients or their companions to use the word "we" and far less likely to use the word "I." Doctors selected "we" on 24% of occasions when they used a first person pronoun. Patients and their companions selected "we" on 2.9% of occasions.

The research points out the importance of communication. It says that while advice to doctors on how to communicate with patients has centred on issues such as providing appropriate settings and avoiding jargon, other factors are involved too.

"One such area is the use of the pronouns–I, we, me, and us. Little work has been done on this apparently small area," say the authors.

Choice of the word "we" is important because of its different uses, they say. There is the inclusive we, meaning "you and I," and an exclusive we, meaning "we doctors and not you patients." Doctors' use of "we" might also be evidence of partnership in the consultation and imply a collaborative approach to solving the problem together.

The authors say that on many occasions when "we" is used an inclusive interpretation is plausible. "However, the fundamental ambiguity of the doctor's use of 'we' may undermine this as a conclusion—that is, the doctor may or may not aim to be inclusive and may or may not be perceived as doing so by the patient," they say.

"The overall picture is of considerable differences in the selection of 'I' and 'we.' The fact that patients and companions never included the doctor when they said 'we' is particularly interesting and—from the point of view of patient partnership—disappointing."

The authors point out that the use of the pronoun shows "a systematic ambiguity at the heart of the consultation, which at worst may permit doctors to feel they are inclusive when in fact they are not." They conclude that there is one obvious solution: doctors should use "you and I" rather than "we." □