



Ed Davie

Professor Peter
Furness

An interview with Professor Peter Furness, National Medical Examiner

National Medical Examiner, Professor Peter Furness, tells *The Bulletin* of his hopes that the Comprehensive Spending Review will fund a reform that is over 120 years overdue.

Professor Furness may be the first National Medical Examiner (NME), but he is far from the first person to try and get a national system of medical examiners implemented.

“In her report into the murders of Harold Shipman, Dame Janet Smith pointed out that the need for a national system of medical examiners had first been identified by a parliamentary committee report in 1894 and nothing had been done about it,” Professor Furness laments.

Over 120 years on from that parliamentary report, a decade from Dame Janet’s report and five years into a series of successful pilots, Professor Furness is still waiting. So what is the hold up?

“The question is, as usual, one of funding. The funding issue is, from my perspective, arguably

a little surprising. Implementing the reforms would eliminate the current system of cremation forms. Most people, about 70%, are cremated and a cremation form fee adds up to about £178. It isn’t noticed because it’s rolled into the undertaker’s fee, but if we had a medical examiner system a smaller fee would replace it and apply to all deaths, not just cremations. It would mean that a large majority of estates would actually pay less. Not only would the public pay less, they would also get a better service. The problem is that it would be different funding, with a different name and collected in a different way, which has caused some people a problem and all sorts of political discussions.”

Apart from political fears about a new ‘death tax’, Professor Furness says that the start-up cost may also be worrying the Treasury.

“The whole reform is now in the melting pot as one of the items for the Treasury’s Comprehensive Spending Review, due in November. There will be start-up costs from general taxation which is contingent on the spending review,” he said.

The Treasury might be worried about cost but Professor Furness is convinced that the exhaustive pilot schemes have proved that the system is highly efficient in identifying and rectifying poor care, reducing litigation against the NHS and supporting other medical professionals and the bereaved.

“It works. Everyone thinks it is a good idea. It is just a question of finding the start-up costs, which would be recouped through a more efficient system.

“The pilots have now been running for more than five years and they have scrutinised more than 26,000 deaths. I suspect there has never been a better piloted reform than this. We know how it works, we have refined the process and in the pilots sites everyone thinks it is brilliant – including, to my surprise, the bereaved. The pilots have picked up quite a lot of suspected incidents and patterns of possible poor care. In terms of general clinical governance, they have picked up incidences of post-operative infections faster than the hospitals’ microbiology audit procedures.

“The pilots of have also identified at least one care home where different complaints had come from different relatives in quick succession. As an outcome of that, the Coroner is investigating

Medical examiners

Independent, often senior doctors, working in any medical specialty.

Undertake a thorough external examination of the deceased’s body that could, for example, identify a high incidence of pressure sores at a particular hospital or care home, which might raise issues of quality of care.

Ensure that the right deaths are referred to a Coroner.

Improve the quality of certification by providing expert advice to doctors.

Avoid unnecessary distress for the bereaved that may result from unanswered questions about the certified cause of death.

Discuss the death with a relative to offer an opportunity for them to ask questions about the medical circumstances and cause of a death, and to raise any concerns they might have. This could result in the death being referred to the Coroner or local clinical governance leads.

Save money for two thirds of bereaved families, as the proposed fee is less than the current cost of cremation fees, which it would replace.

A national system of MEs

First recommended by *The Shipman Inquiry*, led by Dame Janet Smith in 2005.

Legislated for in *The Coroners and Justice Act 2009*.

Subsequently recommended by *The Francis Report (2013)*, *The Report of the Morecambe Bay Investigation (2015)* and *The Review of Forensic Pathology (2015)*.

Successfully piloted in six trials by the Department of Health.

deaths that had been put down as deaths of natural causes, so the system is definitely working in hospitals and crucially in care homes and the community,” Professor Furness said.

He also believes that, if and when the system is implemented, it will enable the NME to collect invaluable data from the network of medical examiners.

“We would have a means of collating information about every death, which has never been

done before. This will be a brilliant way of detecting outliers that would justify further investigation which, is why the Care Quality Commission (CQC) is very interested in getting these reforms implemented. Through that mechanism, we could provide the CQC with a steady feed of information about deaths in healthcare institutions that people may have also been complaining about. The advantage of medical examiners in this regard over the separate work looking at avoidable deaths in hospital, which some people have sought to say could be instead of bringing MEs, as this then covers care homes and care in the community.”

With such conclusive evidence that the system works and would boost care and efficiency, Professor Furness and The Royal College of Pathologists, the lead college for medical examiners, hope that the Treasury soon puts an end to the 120-year wait.

Achievements of the ME pilot schemes

Detected many unexpected significant events that have then been brought to the immediate attention of the relevant authorities.

Provided reassurance to next of kin.

More appropriate referrals to the Coroner.

improved the accuracy of death certification.

fostered openness as health professionals raising concerns feel supported by the ME.

Reduced litigation against NHS trusts.

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