

EXTRA-STATUTORY LIST OF DIAGNOSES

Doctors should refer to the Registrar General's extra-statutory list of causes of death (which includes industrial diseases and poisoning) that are referable to the Coroner.

1. Industrial diseases or poisonings and other poisonings

A. Industrial Lung Diseases

Any lung disease qualified by an occupational term e.g. farmer's lung, grinder's phthisis, occupational asthma.

Diagnosis	Due to exposure to
Anthracosis or Anthracosilicosis	Coal dust
Asbestosis	Asbestos
Berylliosis	Beryllium
Diffuse pleural thickening	Asbestos
Dust reticulation	Any dust
Byssinosis	Cotton dust
Chemical pneumonitis	Irritant gas (Acute or chronic)
Extrinsic allergic alveolitis	Organic dusts
Pneumoconiosis	Any dust. Can be clarified e.g. coal pneumoconiosis
Siderosis	Iron
Silicosis	Silica, rock dusts
Stannosis	Tin

Some other lung conditions are mostly due a natural disease process and an MCCD can be issued, but may have an occupational cause which would require referral to the Coroner. If the registrar or family believes there could be an occupational link, they should clarify the issue with the doctor prior to registering the death.

Diagnosis	Possible occupational link
Asthma	Occupational cause noted
Chronic obstructive pulmonary disease - Pulmonary fibrosis	Occupational dust exposure
Tuberculosis	Medical or veterinary exposure

B. Other Industrial Diseases

Diagnosis	Due to
Ankylostomiasis	Hook worm infection
Angiosarcoma of liver	Vinyl chloride
Anthrax	Anthrax
Brucellosis	Animals or their products infected with brucella
Barotrauma Caisson disease Compressed air illness Decompression sickness Divers palsy, Dysbarism	Air or water pressure Breathing compressed air e.g. diving
Farcy	Skin infection from horses
Glanders	Respiratory infection from horses
Leptospirosis Leptospiral jaundice Leptospira hardjo	Bacteria in animal urine, including rat urine in river water
Malignant pustule	Anthrax
Mesothelioma	Asbestos
Non-cirrhotic portal fibrosis	Vinyl chloride

Ornithosis	Chlamydia psittaci from birds
Osteolysis of terminal phalanges of the fingers	Vinyl chloride
Osteonecrosis	Compressed air or injury
Psittacosis	Chlamydia psittaci from birds
Spirochaetal jaundice	Bacteria in animal urine (also called leptospirosis)
Streptococcus suis	Bacteria from pigs
Weil's disease	Bacteria in animal urine (also called leptospirosis)

Some cancers are mostly due a natural disease process and an MCCD can be issued, but may have an occupational cause which would require referral to the Coroner. If the registrar or family believes there could be an occupational link, they should clarify the issue with the doctor prior to registering the death.

Diagnosis	Possible occupational link
Cancer of skin	Tar, oil, soot, arsenic
Cancer of nose, nasopharynx or sinuses	Nickel fumes used in making leather, fibreboard, wool
Cancer of bladder, ureter or urethra	Industrial chemicals and dyes

C. Industrial Poisoning

Diagnosis	Due to
Toxic anaemia*	Metals and chemicals
Toxic Jaundice*	Metals and chemicals
Plumbism, (Saturnism)	Lead

*If MCCD indicates toxic anaemia or jaundice is due to natural causes, the case does not need referred to the Coroner.

D. Other Poisonings

Diagnosis	Comments
Alcohol	Acute alcohol poisoning, or alcohol as a contributory factor
Blood poisoning*	If due to injury or following an operation (also called septicaemia)
Food poisoning	e.g. salmonella, botulism
Hepatitis*	If due to occupation or drug abuse (usually Hepatitis B)
Septicaemia*	If due to injury or following an operation (also called blood poisoning)
Tetanus	Usually related to an injury

*If MCCD indicates blood poisoning, septicaemia or hepatitis is due to natural causes, the case does not need referred to the Coroner.

2. Deaths resulting from an injury

A. Injury

If a term relating to injury needs entered on a MCCD, then the death must be discussed with the Coroner, unless there was an underlying natural cause, as indicated below.

If a term relating to injury appears on a MCCD, without having been discussed with a Coroner, the Registrar may reject the certificate causing undue delay and distress to the deceased's family.

Diagnosis	Report to Coroner
Asphyxia Including Neonatal Asphyxia	
Aspiration Pneumonia Inhalation Pneumonia Vomitus Pneumonia	unless MCCD indicates underlying natural cause e.g. Cerebro-Vascular accident, stroke causing swallow problems.
Burns	
Choking (or other effects of foreign bodies)	
Concussion	
Contusion	
Cut	
Drowning	
Electricity, Electric Shock	
Fracture	except pathological fractures e.g. bone cancer, severe osteoporosis.
Gunshot Wounds	
Hyperthermia	
Hypothermia	
Intracranial Haemorrhage	unless MCCD indicates underlying natural cause.
Ill treatment	
Lightning	
Malnutrition	unless MCCD indicates underlying natural cause e.g. end stage dementia, gastro-intestinal pathology.
Scalds	
Starvation	
Subdural Haemorrhage	unless MCCD indicates underlying natural cause.
Subdural Haematoma	
Suffocation	
Sunstroke	
Trauma or Traumatic	

B. Indirect Injury

As well as obvious injury, deaths which have been caused indirectly as a result of an injury received should be notified to the Coroner, for example, where a MCCD shows death due to,

		These particulars not to be entered in Death Register <small>Approximate interval between onset and death (year, month, week, day, hour)</small>
<p>I</p> <p>Disease or condition directly leading to death*</p>	<p>CAUSE OF DEATH</p> <p>I</p> <p>(a)..... <i>HYPOSTATIC PNEUMONIA</i></p> <p>due to (or as a consequence of)</p>	
<p>Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	<p>(b)..... <i>IMMOBILITY</i></p> <p>due to (or as a consequence of)</p>	
<p>II</p> <p>Other significant conditions contributing to the death, but not related to the disease or condition causing it</p>	<p>(c)..... <i>FRACTURED FEMUR</i></p> <p>II</p> <p>.....</p> <p>.....</p>	

C. Birth Injury

The death of any newly born child due to birth injury should be notified to the Coroner.

D. Operation / Anaesthetic

Deaths occurring during an operation or before recovery from the effect of a general anaesthetic should be reported to the Coroner.

Deaths following an operation necessitated by injury should be reported to the Coroner because the underlying cause of death was an injury.

Deaths which follow an operation necessitated by a natural illness need not be reported unless the cause of death is attributable to an unrelated incident which arose during the operation or because of the administration of the anaesthetic.