Communication Policy Guidelines

Scope

These Policy Guidelines apply in paediatric, perinatal or maternal death or serious morbidity cases that are:

1. subject to Coronial review; or
2. referred by the Coroner to the COPMM or any of its M&M sub-committees for investigation or advice; or
3. subject to review by the Child Death Review Council of Tasmania or similar body (CDRCT); or
4. subject of advice or reference to the Secretary or a Minister.

where:

1. at the time of the child's or mother's ["patient's"] death or at the time of the onset of the patient's serious morbidity, the patient was under the active care of one or more health care professionals, including as an in-patient in hospital; and

2. the history raises the question whether the clinical management of the patient prior to the patient's death or serious morbidity was or could have been a contributing factor.

Examples of cases covered by these Guidelines include but are not limited to the following general categories:

- -medical treatment was based on a misdiagnosis of the patient's medical condition;
- -medical treatment was not appropriate for the patient's medical condition;
- -information about the patient's medical condition was not accurately or adequately recorded or shared between medical practitioners and nursing staff.

Ultimately, at law it is a matter for the Coroner to determine the circumstances and cause of death, the management that was in fact undertaken in a particular case, and any causal relationship between the two. Likewise, it is for the Coroner to decide which version of any medical controversy should be accepted in a case and to summons evidence about that at inquest if deemed necessary by the Coroner.

In cases covered by these Policy Guidelines, the Coroner's decision whether to hold an inquest and their findings may be based to a certain extent on expert opinion and assessment of the medical management of the patient in the period prior to the patient's death. In these circumstances, any M&M Sub-Committee investigation should be alive to and include consideration of divergent opinions about the appropriate medical treatment and/or differences as to the factual circumstances relevant to those opinions.

Guidelines

As part of Sub Committee deliberations regarding the preparation of advice to the Coroner, the CDRCT, or the Secretary or a Minister whether at the request of the Coroner or otherwise, the following Guidelines apply, unless otherwise agreed by a unanimous vote of Sub Committee members:

Any advice by an M&M Sub Committee to the Coroner the CDRCT, or the Secretary or a Minister shall include a recommendation that:

1.1 if one has not already been tendered to the Coroner the CDRCT, or the Secretary or a Minister, an independent expert Report be prepared to review the management of the patient; and

1.2 medical practitioners and nursing staff referred to in the Report be provided with the opportunity to comment direct to the Coroner the CDRCT, or the Secretary or a Minister on the facts and opinions contained in the Report and in the case of the Coroner prior to handing down of the Coroner's Findings;

An M&M Sub Committee may engage an independent expert to prepare for it a Report which reviews the management of the patient. The SubCommittee may:

2.1 forward the Report to the Coroner, the CDRCT, or the Secretary or a Minister with its own advice if any and a recommendation that the Coroner the CDRCT, or the Secretary or a Minister afford medical practitioners and nursing staff named in the Report with the opportunity to comment on any facts or opinions contained in that Report; or

2.2 before forwarding the Report and its own advice if any to the Coroner, the CDRCT, or the Secretary or a Minister, afford medical practitioners and nursing staff named in the Report with a reasonable opportunity to comment to the Sub-Committee on any facts or opinions contained in that Report and advice. The Sub Committee will forward any such comment to the Coroner, the CDRCT, the Secretary or a Minister as the case may be with the independent Report and any such advice, but without further comment or opinion by the Subcommittee.

Where the Sub Committee recommends preparation of an independent expert Report to the Coroner, the CDRCT, or the Secretary or a Minister, it may also make recommendations as to who prepares the Report.

In any case, where the Sub Committee's advice to the Coroner, the CDRCT, or the Secretary or a Minister includes opinion or comment that might be seen as critical of the management provided by a medical practitioner, then before providing that advice to the Coroner, the CDRCT, or the Secretary or a Minister, consideration should be given to providing that medical practitioner with the opportunity to correct any factual information relied upon by the Sub Committee to reach its opinion.

Adopted by COPMM
17 August 2011