

TO BE COMPLETED IF MESOTHELIOMA IS DIAGNOSED OR SUSPECTED
NOT TO BE RELEASED WITHOUT PATIENT/NEXT OF KIN'S PERMISSION

MESOTHELIOMA PRO FORMA PART 1

Patient held Record of Information - To be completed by patient/next of kin

Demographic Particulars -

Name:.....D.O.B:.....Age:.....CHI No:.....

Address:.....

.....Post Code:.....Phone No:.....

Marital Status:.....Occupation:..... When retired:.....

General Practitioner:.....

GP Address:..... Tel No:.....

Consultant in Charge/Hospital at time of
Diagnosis:.....

Next of Kin:..... Relationship to Patient:.....

Address:.....

.....Post Code:.....Phone No:.....

Employer Information (Specify nature and content of asbestos exposure) - To be completed by patient/next of kin

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.....
.....

Dates of Employment:

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.....
.....

Compensation Details - To be completed by patient/next of kin

Raised with DWP: Yes No
Resolved with DWP: Yes No Date of Award from DWP:

Court Action Raised: Yes No
Status of Court Action: Interim Final

Date of Court Award:

Asbestos Action Group (CAA or equivalent) involved: Yes No
Solicitors content: Yes No

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Attach Letter from Solicitor if relevant by patient/next of kin (see Appendix)

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Copies: GP	Hospital (copy retained)	Hospice (if appropriate)
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Notes

Parts 1 and 2 should be in the Patient Held Record.

The hospital should keep the copies of the documents in the hospital clinical records.

The hospital should send copies to the GP, another hospital if relevant, and to the hospice if making a hospice referral.

GPs should include the diagnosis and the existence of the Pro Forma in ECS, ePCS and KIS.

The patient/next of kin may provide the information in the Patient Held record to a preferred solicitor and a relevant Asbestos support/action group.

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MESOTHELIOMA PRO FORMA PART 3
Notification of Death to Procurator Fiscal (PF) Form – to be completed
by the doctor verifying death and the doctor notifying the PF

Demographic Particulars

Name of Deceased: CHI No:

Date of Death:

Time of Death (see MCCD guidance):

Location of Death (e.g. own home): Current Location of body (e.g. hospital mortuary).....

Specific religious/faith/cultural requirements (if known):

Consultant/GP (if any) in charge at Time of Death (see guidance):
.....

Contact Telephone number of Hospital/Hospice Consultant or GP:

Verification of Death: Hospital/Hospice/GP Practice:

Name: Signature:

Designation:

GMC Number:

Date: Time:

Work Contact Telephone Number:

PF Notification by Hospital/Hospice Doctor or GP:

Willingness to Certify: Yes No

Suggested Cause of Death Duration

i) a.....
b.....
c.....
d.....

ii).....

*NB This section will replicate the format of the new MCCD

Name: Signature:

Designation:

GMC Number: Date:

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Work Contact Telephone Number:

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Procurator Fiscal Decision – to be completed by Procurator Fiscal

Certificate accepted Yes No

Post Mortem instructed Yes No

Full Limited

Name: Signature:
Designation: Date:

Notes

Copies of parts 1 and 2 with the completed Part 3 should be sent to the Procurator Fiscal by the notifying doctor.
Copies of Parts 1, 2 and 3 should be retained in the deceased patient's clinical records.
The completed part 3 returned to the notifying doctor, by the Procurator Fiscal with his/her decision, should be filed in the deceased patient's clinical records (electronic or paper)
The hospital should keep the copies of the document in the hospital clinical records.
The hospital should send copies to the GP, another hospital if relevant, and to the hospice if making a hospice referral.
GPs should include the diagnosis and the existence of the Pro Forma in ECS, ePCS and KIS.
The patient/next of kin may provide the information in the Patient Held record to a preferred solicitor and a relevant Asbestos support/action group.

Guidance Notes for completion of Mesothelioma pro forma

Background to PF involvement

Exposure to asbestos is generally occupational but “bystander” exposure may also occur. As any asbestos contact may increase the risk of mesothelioma occurring, apportioning liability can be challenging. Obtaining an exposure history may be simple and straightforward in some cases, while in others it may be more complex.

Mesothelioma caused by occupational exposure to asbestos is a well recognised condition and sufferers can claim compensation (Industrial Injuries Disablement Benefit). Stringent criteria must be fulfilled in order to establish the link between occupational exposure and mesothelioma and to this end the Procurator Fiscal (PF) is notified after the patient’s death, both to elucidate the individual situation and “for the common good”.

In a patient with known asbestos exposure, a “diagnostic hierarchy” exists:

- The diagnosis may be suspected from the clinical history.
- It is usually endorsed by radiological investigations.
- It is generally (but not always) confirmed by cytology or histology.
 - Sometimes pleural fluid analysis may suffice to establish the diagnosis.
 - A more invasive video assisted thorascopic surgical (VATS) biopsy would provide a more robust diagnosis but may be deferred if the patient is frail. In such circumstances, a diagnosis of “probable mesothelioma” may be made if there is a history of asbestos exposure, a typical clinical course and radiological evidence of pleural involvement.
- Evidence of Multi Disciplinary Team (MDT) discussion, providing a consensus opinion, lends considerable weight to the balance of probabilities of the likely diagnosis of mesothelioma.
- The provision of treatment according to guidelines for mesothelioma would be further confirmation of the diagnosis.

Background to the use of the Pro Forma

This pro forma has been devised to reduce distress caused to relatives when a patient with mesothelioma dies. It distils the information required by the Procurator Fiscal (detailed above) and obviates the need for relatives to be interviewed at a very stressful time for them.

In practice the body is identified to the police officers (who are the PF’s representatives) by clinical staff and the pro forma is handed to the police officers. Parts 1 and 2 will have been previously completed and Part 3 should be completed by the doctor reporting the death. The pro forma is then delivered to the PF by the police officers. The PF will decide if a PM is necessary on the basis of the interpretation of the information provided by the Pro Forma and other sources to the Procurator Fiscal.. Secure electronic delivery of the pro forma may be possible. The PF will return Form 3 with the decision regarding post mortem to the notifying doctor. This should be filed in the medical record (paper or electronic) of the deceased with parts 1 and 2.

If adequate information is available ante mortem and compensation has been obtained, a post mortem is not required.

If compensation has not been obtained a post mortem is not required if a form (see Appendix) has been received from the patient's solicitor, confirming that adequate histology has been recovered.

If histology is unavailable or inconclusive a post mortem will be necessary, but a limited post mortem may suffice.

Of the "Other Asbestos Related Diseases", currently compensation is available only for Asbestos related Lung Cancer.

Organ / tissue donation

Organ donation is seldom feasible in the palliative population but tissue donation may be possible.

In the case of Mesothelioma organ donation and tissues such as heart valves, tendons and skin would not be possible, but donation of cornea would be possible.

Unlike organs, tissues (corneas, tendons, heart valves) can be retrieved up to 24 hours after death but early retrieval optimises the quality of these tissues. All referrals should be discussed with

- The "On call" Transplant Co-ordinator via pager number **07699 615124** or
- Ros O'Sullivan, Transplant Coordinator, on mobile 07590 352027, WIG 0141 211 6283, Falkirk 0300 1239209, E mail - ros.osullivan@nhsbt.nhs.uk

Pro Forma

The pro forma has 3 parts.

Part 1 - Patient Health Record of Information

This section should be completed by the patient/next of kin

To confirm they are "content", a confirmatory form (see Appendix) can be obtained by the patient/next of kin, from the patient's solicitors (via the relevant Asbestos Support/Action Group if necessary), if compensation has not been received by the patient. Such a letter from the solicitor may be attached to this section.

Part 2 - Patient Health Record of Information

This section should be completed by the Consultant in charge of the case at the time of diagnosis or by a nominated healthcare professional such as a another doctor or a Clinical Nurse Specialist, on behalf of the Consultant in charge..

Parts 1 and 2

- These should be retained by the patient with copies in the hospital clinical records.
- Copies should be sent to the patient's GP, other relevant Hospital if required, and the Hospice if/when a Hospice referral is made.

GPs should record the diagnosis on the, Emergency Care Summary (ECS), electronic Palliative Care Summary (ePCS), and (Key Information Summary) KIS.

- Patient/next of kin should be encouraged to send copies to their solicitor and the appropriate Asbestos Support/Action Group.

Part 3 - Notification of Death to the Procurator Fiscal (PF)

This document should be completed by the doctor who verified death and by the doctor notifying the PF of the death. Doctors should have regard to MCCD guidance. The PF may request additional clinical information from the notifying doctor as appropriate.

Procedure

- Parts 1, 2 and 3 should be sent, with solicitors' form if appropriate, to the Procurator Fiscal (PF) after the death of the patient, either electronically or via police officers. Copies should be held in the deceased patient's clinical records.
- The body should be identified to the attending police officers in case a Post Mortem is required.
- It should not be necessary for police officers to interview relatives.
- Clear arrangements should be made with the relevant undertaker or the family representative for collection of the death certificate.
- Any specific religious, faith or cultural requirements should be highlighted.
- Copies of parts 1, 2, and the returned part 3 should be retained in the deceased patient's record.
- Deaths which are notified to the Procurator Fiscal, (including people with or suspected of having Mesothelioma), will not be reviewed by the Medical Reviewer system under the Certification of Death (Scotland) Act 2011.

Letter from Solicitor

Solicitor's Name and Address

Reference.....

NAME:

ADDRESS:

DATE OF BIRTH:

DATE OF DEATH:

1. We act on behalf of
2. Sufficient histology has already been recovered.
3. A Post Mortem is not required.

Signed:

Date: