

When death is not death: A systematic review of patients with delayed discovery of life after erroneous pronouncement of death

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Background

- The biological process of dying is determined by set medical criterion.
- An incorrect death pronouncement has immediate clinical, ethical and legal consequences.
- Excluding autoresuscitation, there is limited research on such cases.

Objectives

- Gather cases where erroneous pronouncement of death has occurred to collate circumstantial information and patient characteristics.
- Identify gaps in clinical education and make progress towards standardised death declaration and reporting practice.

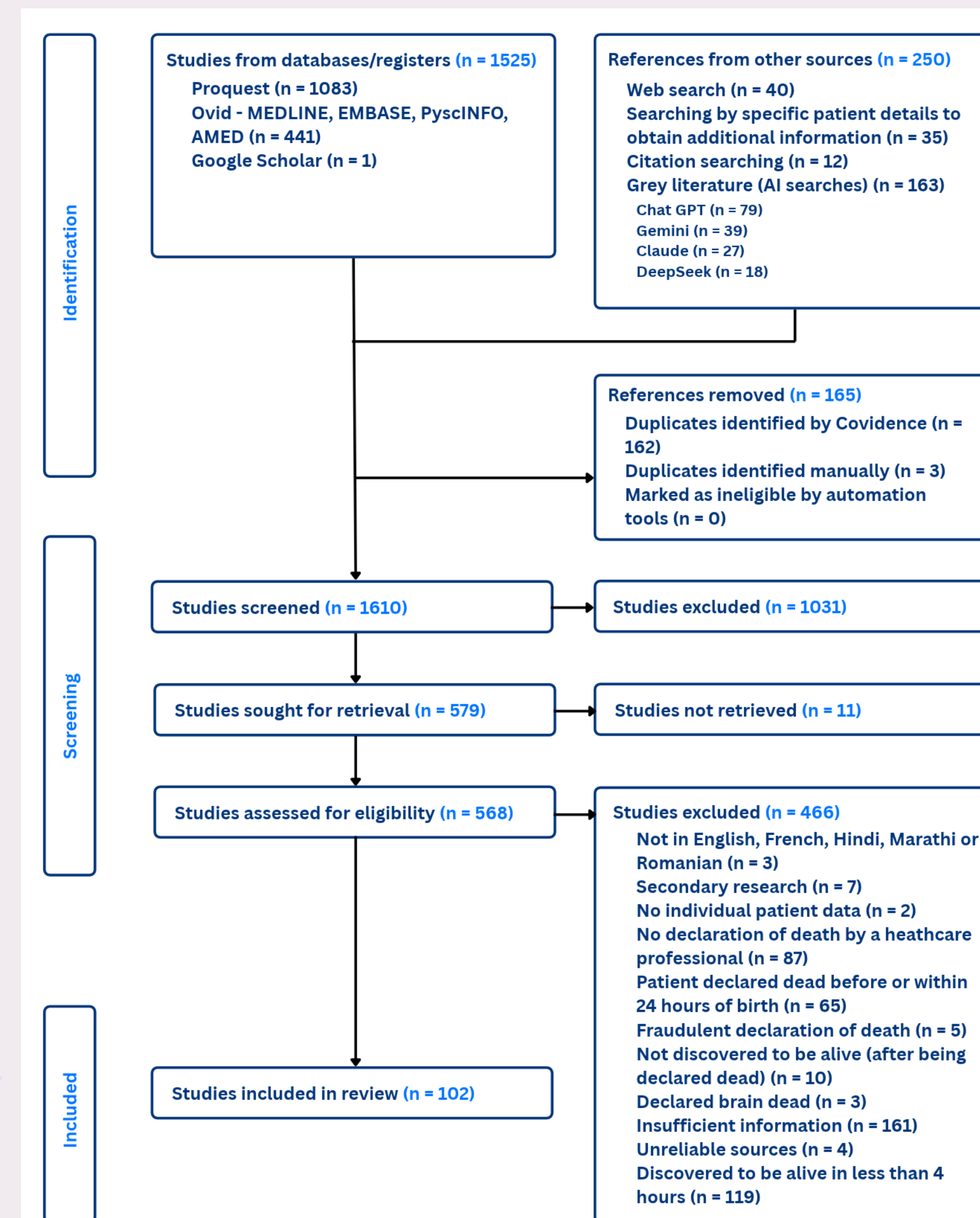
Methods

- Systematic review with eligibility criteria set using the PCC (Population, Concept and Context) framework.

Inclusion criteria	Exclusion criteria
Individuals had to be at least 24 hours old at pronouncement	Deliberate fraud
Declaration of death must have been made by a healthcare professional	Individuals subsequently not found to be alive
First documented indication of life must be at least 4 hours after pronouncement	Death declaration under neurological criteria
Reports in English, French, Hindi, Marathi or Romanian	Insufficient information to determine eligibility

- Search strategy included databases and manual AI searches.
- All results exported into Covidence for title, abstract and full text screening by two independent reviewers and arbitrated by a third where necessary.
- Data extraction included both patient and report characteristics: patient name, age, location of death, date of publication, publication company, etc.
- Reports considered to outline the same patient had to have two or more matching identifiers: name, age, sex, death location, etc.
- Data synthesis
 - System 1: summarised reports.
 - System 2: summarised unique individuals.
- Quality analysis with Joanna Briggs Institute (JBI) Critical Appraisal Checklist.

Results



- 1,775 articles yielded from our search strategy
- 163 of these were from manual AI searches
- Following screening, eligibility and data extraction, 102 articles were included in the final review
- 26 final unique cases of erroneous death declaration

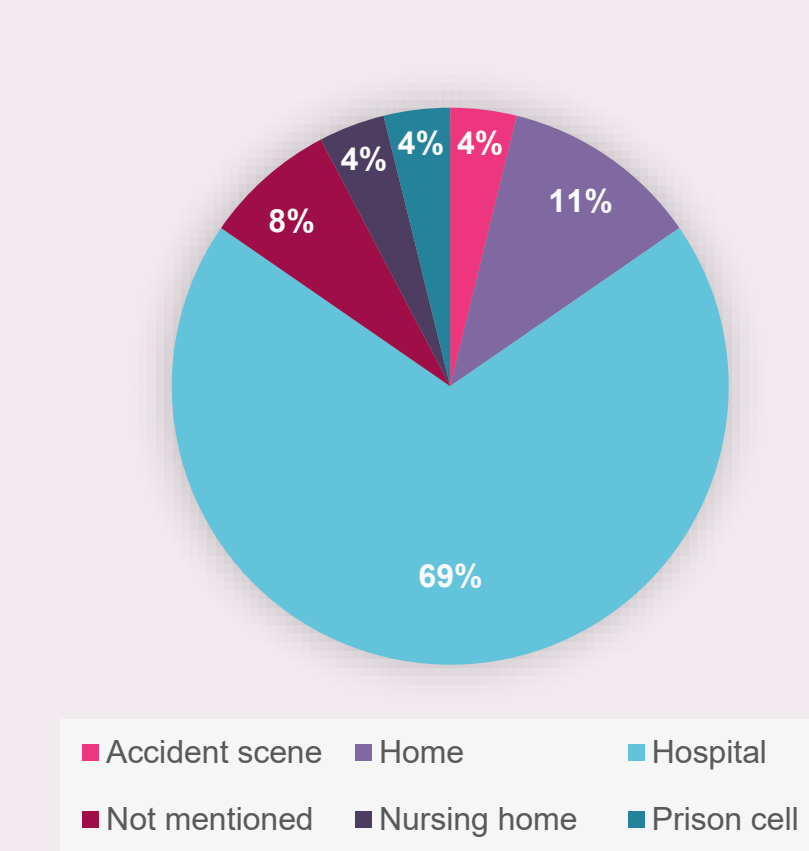
- Following quality analysis of reports included in the study, 85% were reported as high, 15% as moderate and none as low.

Patient characteristics

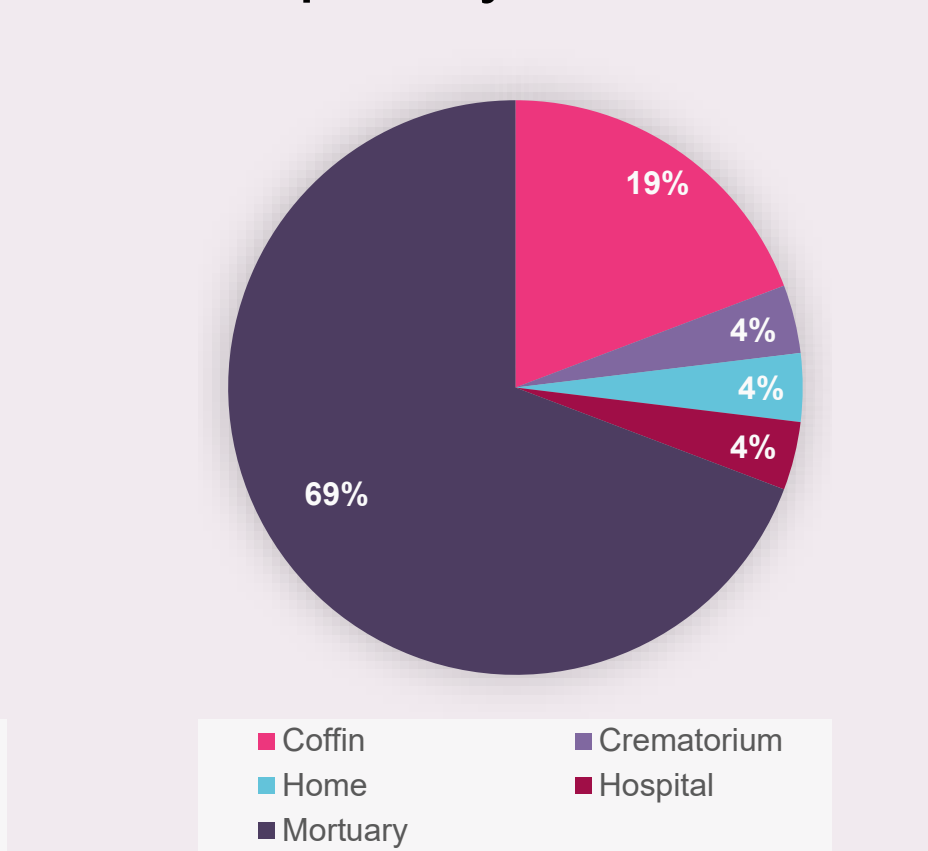
- Cases originated from 16 countries across 5 continents.
- Of the 26 patients, 17 (65%) were male and 9 (35%) were female.
- The time between erroneous declaration of death and discovery of life ranged from 4 hours to 5 days.
- The certifying healthcare professional making the erroneous death declaration was a doctor in 23 of the 26 cases, the others being a paramedic, an emergency medical technician and the last unknown.

Circumstances of death declaration and discovery

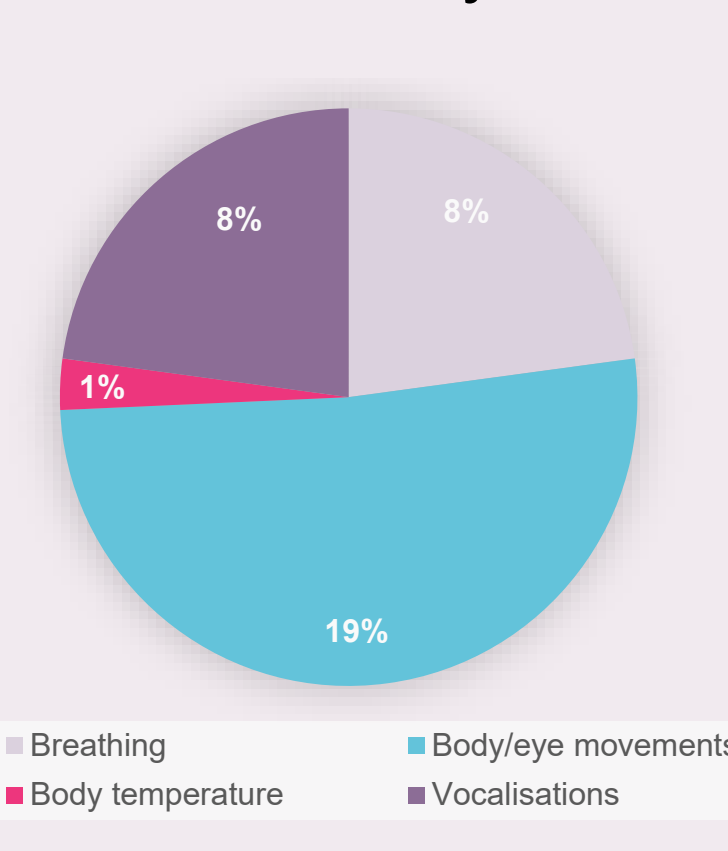
Setting where patient declared dead



Setting where patient subsequently found alive



Signs of life during discovery



Discussion

- Strengths:
 - International scope of the search strategy, all sources rated as high or moderate after quality assessment and use of multiple reviewers.
- Weaknesses:
 - Predominance of news and non-medical media reports introducing publication bias and general underreporting.
 - Synthesis involved a sample of 102 reports, limiting statistical power.

Conclusion

- Systematic documentation of cases involving delayed discovery of life should fully capture patient and circumstantial variables.
- NHS 'Never Event' should encompass erroneous declaration of death and work to destigmatise reporting of errors and terminology.

Future research

- Studying conditions that mimic death, such as catatonia, and how we can improve death diagnostic protocols to account for these.
- Expanding languages covered to gather further cases for relevant statistical analysis.

Selected references

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