Results Questionnaire response rate: 69/487 = 14%. Sudden, unexpected deaths: 33/69 = 48%.
Sudden deaths communicated in face-to-face meetings: 28/33 = 85%. By telephone: 5/33 = 15%.
Location of disclosure: at bedside 22/28 = 79%, private room 6/28 = 21%.
Communication by: consultant 18/33 = 55%; nurses 8/33 = 24%; trainee doctor 1/33 = 3%; others 6/33 = 18%.
Explanation for referral to Coroner: 14/21 = 67%. Religious and cultural observances facilitated: 16/33 = 48%.
Communication empathetic and caring: 33/33 = 100%. Time of disclosure: immediately on arrival 17/33 = 52%; within 30 minutes 7/33 = 21%; within 1 hour 2/33 = 6%; within 1–2 hours 2/33 = 6%; > 2 hours after arrival 2/33 = 6% and present at death 32/33 = 97%.

Conclusion

In general, the process of disclosing unexpected tissue donation discussed 7/33 = 21% and cultural observances facilitated: 16/33 = 48%.

Sufficient time for questions: 32/33 = 97%. Full explanation of the cause of death offered: 32/33 = 97%. Time of death: 7/33 = 21%; within 1 hour 2/33 = 6%; within 1–2 hours 2/33 = 6%; > 2 hours after arrival 2/33 = 6% and present at death 32/33 = 97%.

Communication by: consultant 18/33 = 55%; nurses 8/33 = 24%; trainee doctor 1/33 = 3%; others 6/33 = 18%.

Explanation for referral to Coroner: 14/21 = 67%. Religious and cultural observances facilitated: 16/33 = 48%.

Organ and tissue donation discussed 7/33 = 21%.

Conclusions The issuing and use of AMs were commonplace in all the GP practices, with considerable variation in timing between GP practices and community nursing teams. The findings highlight the challenges in diagnosing dying and the risks involved in prescribing AMs far in advance of likely need.