



LMC UPDATE: DEATH VERIFICATION, INFORMATION, CERTIFICATION AND CREMATORIUM FORMS V3 Dated 27th April 2020.

The legal impasse that we alluded to in the update on 17th April remains. In short there is agreement that there is no statutory duty on a GP to verify death, nor attend in person to be able to complete the MCCD nor the Cremation Form 4. However, the Senior Coroner in Derbyshire maintains there is a common law obligation. Without recourse to the courts this is unlikely to be resolved in the short term and the LMC (together with the GP Alliance) has been working with the Coroner, Medical Referees, Registrars, the EOL lead and funeral directors to try and find a mutually acceptable pragmatic compromise to reduce anguish for relatives during this pandemic. We will review the guidance as the pandemic situation changes.

The guidance below incorporates the outcome of these discussions and includes updates to verification (Including a remote verification of death process) and certification. Informing and Cremation Form 4 guidance have not changed but we have reproduced them below for completeness. We have also included a flowchart at Annex A to aid decision making.

DEATH VERIFICATION:

Although there is no statutory requirement in English law for confirmation/verification of death to be carried out by a doctor, in the past GPs often chose to fulfil this function as part of the wraparound care for patients and their relatives. This, together with other guidance (such as Care After Death published by Hospice UK), led to the verification of death by suitably trained healthcare professionals (doctors, registered nurses or paramedics) being viewed as the accepted norm by many individuals and organisations.

We have agreed that every effort should be made to ensure that verification is carried out by someone who would be in contact with the deceased anyway and no *additional* visits are made to the deceased. This will reduce the risk of infection to family members, care home staff and residents plus the person carrying out those additional visits.

In order to minimise such visits, we have developed the attached Remote Verification of Death protocol. This is based on the Leicestershire model developed by LLR LMC and the [BMA Remote Verification of Expected Death](#) protocol.

Our advice remains that GPs (or other trained healthcare professionals) should not make additional visits in person solely to verify any expected death, particularly of suspected COVID-19 patients, although in some cases this may be unavoidable.

INFORMING THE REGISTRAR

If the death occurred inside a house or public building such as a hospital, the following people (known as the informant) may register the death, by informing the Registrar:

- A relative
- Someone who was present at the death
- The occupier of the house or an official from the public building where the death occurred, e.g. the hospital
- The person making the arrangements with the funeral director

In the event of the death occurring elsewhere the "occupier of the house" ceases to be relevant but the informant can be any person finding or taking charge of the body. Funeral Directors were added to the list of those able to act as informants by the Coronavirus Act 2020.

In England, the death must be registered by the Registrar within 5 days. It is possible to delay registration for a further 9 days provided that the Registrar receives written confirmation that the medical cause of death certificate has been signed by a doctor. Delays due to the involvement of the Coroner are not usually counted within these time frames.

DEATH CERTIFICATION:

Summary of the current legal position and local procedures incorporating changes from the Coronavirus Act 2020. (The legislation refers to registered medical practitioners but for the purposes of this guidance I have referred to GPs throughout.)

- Where a GP has attended (including remote consultations by phone/video) a person during their last illness they are required to “sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death and shall forthwith deliver that certificate to the registrar.”
- If the GP who did attend is unable to sign the MCCD (or it is impractical for them to sign) then another GP is able to sign the MCCD provided they can state to the best of their knowledge and belief the cause of death.
- If no GP attended during the last illness any GP could still sign the MCCD if they are able to state to the best of their knowledge and belief the cause of death. **However, in Derbyshire the Coroner requires deaths to be referred to him in the case where there has been no attendance either in the preceding 28 days or after death. For expediency it has been agreed that the GP will make these referrals before completion of the MCCD.**
- We have clarified with the registrar locally that proven COVID-19 may be given as a cause of death alone. However, for possible or probable COVID-19 cases, these must be qualified in 1a or 1b e.g. 1a Pneumonia 1b Probable COVID-19 or 1a Probable COVID-19 1b Pneumonia.
- You must report proven or suspected COVID-19 deaths to PHE in the normal way.
- Notwithstanding the cases above where there has been no attendance, you do not **necessarily** need to report confirmed or suspected COVID-19 deaths to the coroner.
- In the Derby and Derbyshire Coroner’s Area the default position is that deaths from COVID-19 are deaths from natural causes unless individual circumstances make the death unnatural.
- This principle was established by a legal case (Touche) in 2001 where the High Court ruled that a death of natural causes can become an unnatural death when there has been a culpable human failing (by act or omission) that has either caused or more than minimally contributed to the death. GPs should consider all the circumstances of the death before issuing a MCCD and if the Touche triggers are identified, then the death must be reported to the coroner. If there is any uncertainty on whether the triggers apply GPs are advised to contact the coroner’s office for advice.
- The MCCD can be filled in, signed, scanned and sent to the registrar electronically either by the person collecting it from the practice or direct via the GP. (If sent by GP electronically please securely retain the original copy, which must be forwarded to the registrar once the emergency is over).

CREMATION FORMS:

The General Register Office has advised that, while it is acceptable for consultation before death, video is not acceptable for the examination of the deceased after death. However, since there is actually no requirement (endorsed and expanded on by Dr Ferrer below) to have seen the body to complete the Cremation Form 4 this is a somewhat moot point. **Our advice remains that GPs should try and avoid making visits in person solely to examine the body of a deceased patient infected with coronavirus or suspected coronavirus due to the risk of infection.**

The removal of the requirement for a confirmatory Cremation Form 5 means the accurate, timely and comprehensive completion of Cremation Form 4 assumes increased importance in the process.

If GPs are completing the Cremation Form 4 we would urge you to follow the advice provided by Dr Ian Ferrer reproduced below.

**“From Chief Medical Referee at Markeaton Crematorium Derby
Completion of Cremation 4; “part one”, for a deceased to be cremated.**

Firstly, can I thank many of my colleagues for their usual ‘good practice’ in completing Cremation Forms 4, and urge you to continue doing this through this time of pressure; especially since the Coronavirus Act 2020 has removed the need for a confirmatory (Form 5) placing more reliance on the information on the Form 4.

For information, before the actual disposal can place the referees at the Crematorium are legally required to complete and sign off the final Cremation Form 10 and since this is now the only “check” in place, the Form 4 must be adequately completed with sufficient information. These are signed off on a daily basis but are usually only received 36 hours before the actual cremation, so timescales are tight. Clearly we are all keen to avoid the scenario where a cremation has to be cancelled at very short notice because the referee has insufficient evidence to sign off the Form 10. The legal requirement here will not be lifted.

Helpful Tips on Completion of Form 4.

- Key to the new approach is that you can satisfy yourself, and the referee, that you can verify the death; especially as this will now often be through a third party
- Although the timescale for having consulted with the patient has been relaxed to 28 days before death, if you have been unable to see the body and state this in box 8 that this “due to risk of infection”. **It is still essential** that you state in either box 8 or in more detail in box 9, how you have verified that a death has taken place. E.g. By telephone with nurse confirming pulse / breathing / pupils / non- response.
- If there was a person present, please include their contact details (name, mobile number, relationship with the deceased. At present GPs often do this for relatives or professional carers in section 11; please continue to do this.
- The Cremation Regulations 2008 guidance requires that the evidence offered on the certificate should demonstrate sound clinical grounds for the cause of death given. Please use the large box 9 to provide an adequate history of events, and in the present circumstances this must include a brief summary of any type of clinical contact e.g. 111 call, telephone / video consultation, previous A&E attendance, hot hub contact, etc.
- Please complete the Form 4s legibly and fully and in accordance with good practice
- With this adequate information, the Cremation Referees will apply a clinical common-sense approach during this crisis and these measures will ensure a safe disposal of all deceased whilst meeting legal requirements and importantly avoiding any family being further distressed by a delay to a cremation.
- Please currently also include your mobile phone number in part 3, so any problems can be quickly resolved. This will never be used for any other purpose, and only in relation to the specific Form 4.
- If using the interactive PDF format, once completed, it must be printed, wet signed and scanned into a file, then transmitted from a secure identifiable email (normally nhs.net in the case of GPs) to the undertaker. This emailed copy will (temporarily) allow the cremation to go ahead, but the hard-signed copy **must** then follow on, to meet both decontamination and the legal documentation requirements”.

Thank you in anticipation of your cooperation and assistance at this exceptional time.”

The interactive pdf is being adapted to take a scanned copy of a signature and these will need to be completed. Please ensure the electronic form is sent from a secure (nhs.net) e-mail and the hard copy is forwarded to the Crematorium as soon as practicable.

During this pandemic many people are experiencing unprecedented pressure on their time and additional stresses due to the increased risks of infection. We would urge everyone to display the normal high standard of professional courtesy when dealing with the staff from other organisations including the Coroner's Office. This is reinforced by the GMC Ethical Guidance on Treatment and Care Towards the End of Life Para 85. *"You must be professional and compassionate when confirming and pronouncing death and must follow the law, and statutory codes of practice, governing completion of death and cremation certificates"*

SUMMARY

The need to deal sympathetically with the death of a registered patient is best summarised by the GMC in their Ethical Guidance. *"Your professional responsibility does not come to an end when a patient dies. For the patient's family and others close to them, their memories of the death, and of the person who has died, may be affected by the way in which you behave at this very difficult time"*.

We have agreed that *additional* visits to view the deceased for the purposes of verification or certification of death and in order to complete Cremation Form 4, should be avoided.

When discussing issues around any deaths GPs are reminded that the view of the LMC, backed up by GPC/BMA is that from a legal (and contractual) perspective:

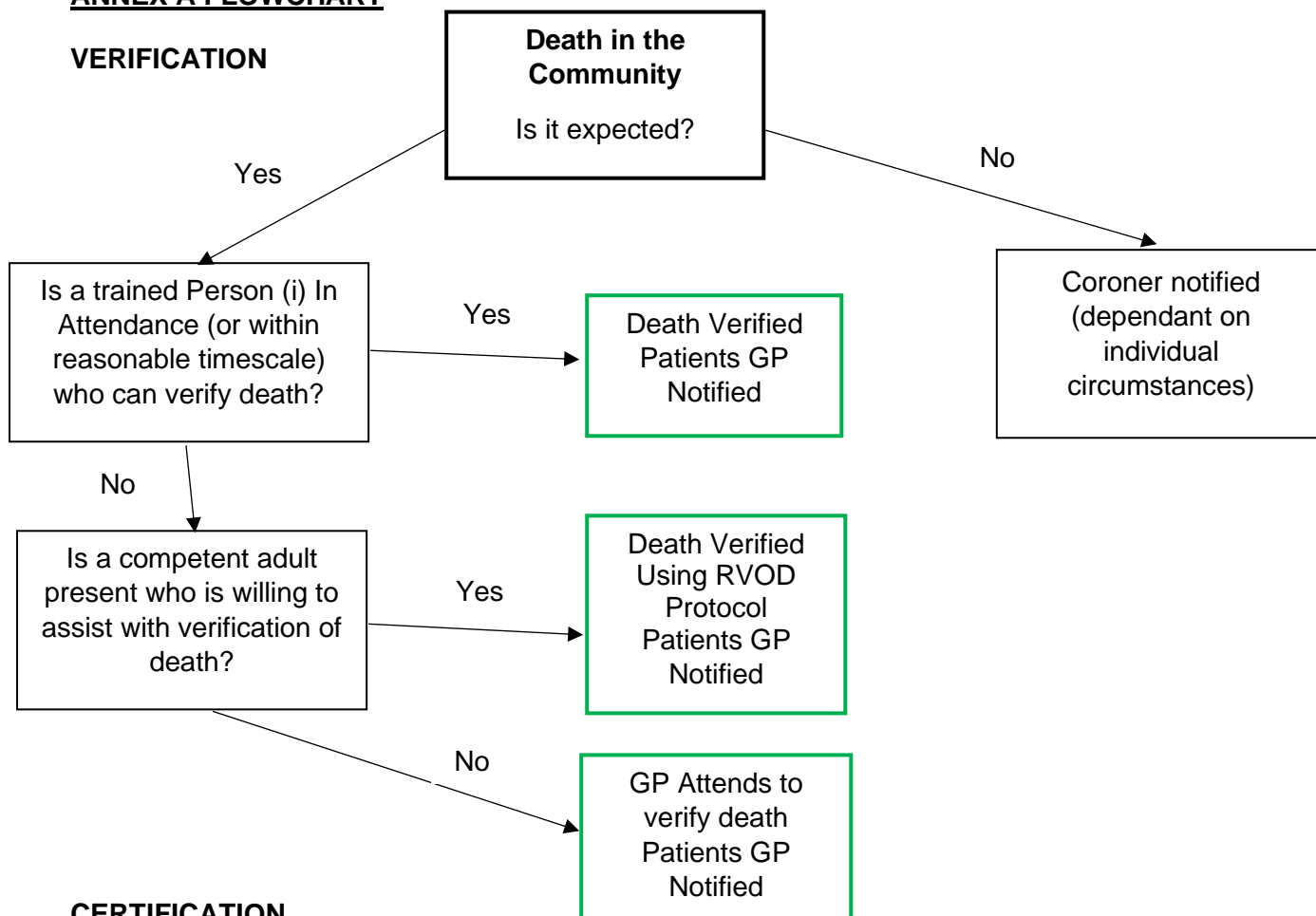
- Any competent adult is able to verify death.
- There is no need to have ever attended the patient or seen the body after death to issue an MCCD.
- There is no need to have attended or been in presence of the body to complete Cremation Form 4.

However, we have agreed to the pragmatic interim solutions (RVOD and GP referral where no attendance) to help GPs meet their legal obligations while supporting other professionals involved in the process and attempting to minimise anguish for the bereaved.

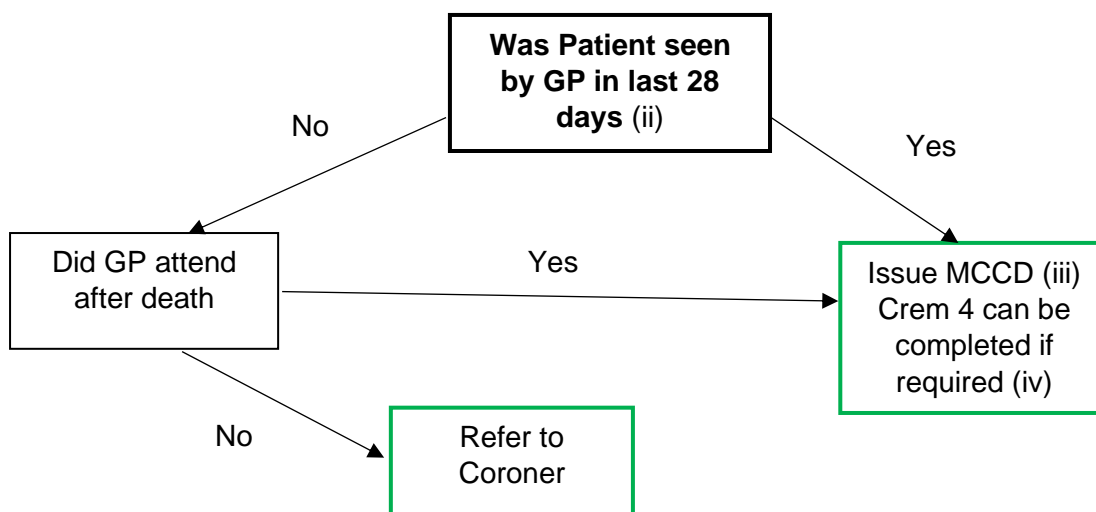


ANNEX A FLOWCHART

VERIFICATION



CERTIFICATION



(i) This could be a doctor, nurse, paramedic, police officer, funeral director, care home worker.

(ii) 28-day limit imposed by Derbyshire Coroner.

(iii) If proven COVID-19 that can be sole cause of death.

If non-proven but symptomatic COVID-19, qualification required e.g. Q1a. probable COVID-19, Q1b pneumonia.

(iv) See guidance as FULL details required particularly if patient not seen in preceding 28 days or after death.



ANNEX B: Protocol for the Remote Verification of Death within Derbyshire V1 23rd April 2020

INTRODUCTION

We are all agreed that it is important that people faced with a bereavement are well cared for and supported following a death.

As we explained in our guidance on 17th April 2020, there is no statutory requirement in English law for confirmation/verification of death to be carried out by a doctor or trained healthcare professional (tHCP). In the past GPs often chose to fulfil this function as part of the wraparound care for patients and their relatives and this became viewed as the accepted norm by many individuals and organisations.

The introduction of an agreed process for **Remote Verification of Death (RVOD)** will enable GPs and trained HCPs (tHCPs) to oversee the timely and safe verification of death. Acknowledging that general practice has recently moved to a significant use of remote consultations by telephone or video, the process supports persons other than GPs or tHCPs to assist in the recognition that death has occurred and mitigate attendance of other health or emergency service resources to the scene.

This protocol applies if there has been a request for a GP or other tHCP to verify an expected and natural death of any adult person aged 18 or over who dies within Derby and Derbyshire.

DEFINITIONS

Verification: the establishment of the fact of death (deciding whether someone has died). This is different from the issuing of the Medical Certificate of Cause of Death (MCCD) issued by a doctor, or the Certificate of Registration of Death issued by a registrar.

Remote Verification of Death: a process to establish the fact of death by a GP or tHCP overseeing a competent adult who is (or was) present with the deceased.

PROCESS

On being advised of the death of a person, a GP or other tHCP will discuss with the person reporting the death and establish:

- Whether the death is either expected, or if the patient /representative had previously indicated they did not want to be resuscitated (ReSPECT or DNACPR form). IF NEITHER OF THESE APPLIES THE CALLER SHOULD BE ADVISED TO COMMENCE CPR **IF APPROPRIATE AND APPROPRIATE PPE IS AVAILABLE** AND /OR TO TELEPHONE 999.
- Identity of the deceased person
- Whether anyone currently present or who could be present within a reasonable time would be willing to assist in RVOD.

If someone is willing to assist with RVOD, they will need to be a competent adult who is already present or able to arrive soon afterwards and may include:

- Next of kin, family member, friend

- Religious or community leader
- Police Officer
- Funeral Director
- Carer

To initiate RVOD, the GP/tHCP will talk the person through a series of questions to verify death and record the information (See Appendix ONE). In preference the RVOD will be provided by video link, but where this technology is not available, it can be provided by telephone.

For a nursing or care home where there has been prior agreement and training, RVOD can be provided by completion and sending a form by email to the deceased patient's registered general practice (See Appendix TWO).

If RVOD has not been possible, and having considered other possible options for verification, then verification should be provided by a GP or tHCP although suitable PPE MUST be available.

The completed RVOD Form shall be:

- scanned into, or retained in the deceased patient's general practice electronic record
- kept for the same time period as the deceased patient record
- provided to the coroner at their request

Once the GP/tHCP has confirmed verification, the reporting person should be advised that they can arrange removal of the body and the GP/tHCP who has completed the verification informs the deceased patient's usual GP or registered practice to commence the process of issuing the MCCD if possible.

A summary of the process is provided by attached Flow Chart (Appendix THREE)

5. TRAINING

Training for staff of residential or nursing homes in Derbyshire is available via a remote training package which has been developed in conjunction with Dr R Hunter (senior coroner), DDCCG End of Life lead and the LMC.

ENDORSEMENT

Senior Coroner Derbyshire
 Derby and Derbyshire Local Medical Committee
 Funeral Director representative excess deaths sub-group Derbyshire LRF
 Derby and Derbyshire Clinical Commissioning Group

REVIEW

This protocol will be reviewed in July 2020, on publication of any pertinent professional national guidance or following any pertinent change in legislation.

Appendix ONE: Questionnaire

REMOTE VERIFICATION OF DEATH

- 1) RVOD Carried out by VIDEO ☐, TELEPHONE ☐
- 2) Date completed: Time:
- 3) Name of person overseeing RVOD:
Registration number (GMC, NMC etc):
- 4) Name of Deceased:
- 5) Place/address of body at time verification:
..... POSTCODE:
- 6) Time of death ☐ or Time body discovered ☐:
- 7) Was:
 - The death expected: YES ☐/NO ☐
 - DNACPR and/or ReSPECT Form in place: YES ☐/NO ☐IF NO TO BOTH OF THESE, STOP THE RVOD PROCESS AND ADVISE CALLER TO COMMENCE CPR IF APPROPRIATE AND TELEPHONE 999
- 8) Name of person assisting in RVOD:
- 9) Relationship to deceased or role:
- 10) The following questions should normally all be completed to enable verification of death, but the overseeing person may use other tests as well or instead if appropriate:
 - No response to physical stimuli (e.g. pinch earlobe) YES ☐/NO ☐
 - No signs of spontaneous respiration over 60 seconds YES ☐/NO ☐
 - No pulse: palpating carotid or femoral pulse/pulse oximeter over 60 seconds YES ☐/NO ☐
 - Pupils of both eyes fixed, dilated and unresponsive YES ☐/NO ☐
 - Any other tests performed: YES ☐/NO ☐
- 11) The following to be recorded if reported by person assisting RVOD but should not be specifically asked for and are not a requirement to verify death
 - Signs of rigor mortis: YES ☐
 - No heart sounds: YES ☐
 - Hypostasis: YES ☐
 - Decomposition evident: YES ☐
 - Disruption to the body: YES ☐
 - Other (please specify)
- 12) Death Verified: YES ☐/NO ☐
- 13) Signed:

Appendix TWO: RVOD Form to be completed by Care or Nursing Home.

REMOTE VERIFICATION OF DEATH IN CARE OR NURSING HOME

1) Date completed: Time:

2) Name of person completing form:

Designation:

3) Name of Deceased:

4) Registered general practice:

5) Name and address of Care or Nursing Home:

.....

..... POSTCODE:

6) Time of death ☐ or Time body discovered ☐:

7) Were there any persons present at the time of death? YES ☐/NO ☐

If yes please give details (include name, relationship to deceased and contact telephone number):

.....

.....

.....

.....

.....

.....

Continue on separate sheet if required

8) Was:

a) the death expected? YES ☐/NO ☐

b) DNACPR and/or ReSPECT Form in place? YES ☐/NO ☐

IF NO TO BOTH OF THESE, YOU SHOULD COMMENCE CPR AND TELEPHONE 999

9) Response to questions:

• No response to physical stimuli (pinch earlobe) YES ☐/NO ☐

• No signs of spontaneous respiration over 60 seconds YES ☐/NO ☐

• No pulse: palpating carotid or femoral pulse/pulse oximeter over 60 seconds YES ☐/NO ☐

• Pupils of both eyes fixed, dilated and unresponsive YES ☐/NO ☐

9) Signed:

Email this form, once completed, to deceased person's registered general practice.

Appendix THREE: Flow Chart

REMOTE VERIFICATION OF DEATH - DERBY AND DERBYSHIRE

