**COVID-19: Death verification and death & cremation certification**

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| Cambs LMC View:  Below is the helpful advice that Dr Stephen Barclay has written on this subject. The BMA guidance (used by the CQC) is quoted, and whilst we fully support this, it is important to acknowledge that the BMA guidance was written for a different time, and we need to be pragmatic about all deaths in the community.  English law does not require a doctor to confirm that death has occurred, and does not require a doctor to view the body of the deceased person. We recommend that at present, the pragmatic solution for expected deaths, would be for the family or the care home to contact the undertaker, who is able to remove the body, and to notify the practice that this has taken place.  A GP can then have a video call with the undertaker to confirm identity of the deceased, and to visibly see the body and discuss necessary additional information, such as the presence of an implantable cardiac device in order to be able to complete the MCCD and cremation administration. Undertakers will be familiar with the Covid-19 risks of handling bodies, and government advice which recommends “placing a cloth or a mask over the deceased” to help prevent the release of aerosols.  The exception to this, is when a patient has not been ‘seen’ (including over a video phone) in the 28 days prior to death by any registered medical practitioner. In this scenario, contact the coroner’s office. They may allow a MCCD to be completed pending the circumstances, but if not, the body will need to be physically seen to be able to complete the MCCD.  If you do need to examine a body, you will need to be mindful of the necessary precautions: <https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>  Dr Katie Bramall-Stainer  01-04-2020 |

1. **Death verification reminders (unchanged by the Coronavirus Act)**

English law does not require a doctor to confirm that death has occurred: any “competent” adult is able to do so. The following is BMA advice:

1. **Expected deaths**

* If the death occurs in the patient’s own home, it is wise to visit as soon as the urgent needs of living patients permit.
* If the death occurs in a care home and the GP who attended the patient during the last illness is available, it is sensible for them to attend when practicable and issue a MCCD (Medical Certificate of Cause of Death).
* If an “on-call” doctor is on duty, whether in or out of hours, it is unlikely that any useful purpose will be served by that doctor attending the nursing or residential home. In such cases we recommend that the GP advises the home to contact the undertaker if they wish the body to be removed and ensures that the GP with whom the patient was registered is notified as soon as practicable

1. **Unexpected ('sudden') deaths**

* If death occurs in the patient’s home, or in a residential or nursing home, we recommend a visit by the GP with whom the patient was registered, to examine the body and confirm death, although this is not a statutory requirement.
* Unlike expected deaths, in the event of an unexpected death out-of-hours it would be helpful if an OOH GP does attend, helping to prevent the potentially unnecessary attendance of the emergency services.
* The GP should then report the death to the coroner (usually through the local police).
* In any other circumstances, the request to attend is likely to have come from the police or ambulance service. It is usually wise, and especially in the case of an on-call doctor, to decline to attend and advise that the services of a Forensic Medical Examiner police surgeon be obtained by the caller.

**B. Death Certification (COVID-19 advice and changes by the Coronavirus Act)**

* COVID-19 is an acceptable direct or underlying cause of death for the purposes of completing the MCCD.
* COVID-19 as a direct or underlying cause of death is not a reason on its own to refer a death to a coroner.
* COVID-19 is a notifiable disease, but this does not mean referral to a coroner is required by virtue of its notifiable status.
* If a patient dies with clinically probable COVID-19 but the results of confirmatory swabs are not yet available, put cause of death as COVID-19 infection. Also circle 2 on the MCCD (“information from post mortem may be available later”): this does not mean a post mortem needs to be done but flags that the results of investigations may be available at a later date.
* If it has not been possible to diagnose COVID-19 as an illness in life (clinically or with positive test) and the cause of death is unclear the case needs to be discussed with the Coroner’s Officer. The Coroner will then decide if a post-mortem is needed.

**The Coronavirus Act 2020 has made changes to the requirements for death and cremation certification in recognition that the doctor who saw the patient during their last illness may be unable to sign the certificate or it might be impractical for them to do so, for example if they are self-isolating.**

* If possible, a doctor who has last seen the patient alive within 28 days before the death (previously 14 days) should complete the MCCD.
* If that is not possible, another doctor who has at some time attended the patient during their last illness can complete the MCCD if they're able to give a cause of death, for example from the clinical records.
* Registration of the death can be by any family member, or a funeral director if the next of kin are self-isolating, and now must be undertaken electronically. The Registrars’ offices are all closed: face-to face registration is not possible. Scan front and back of MCCD form, include name and contact number for the bereaved family and email to [cambsreg@cambridgeshire.gov.uk](mailto:cambsreg@cambridgeshire.gov.uk)
* Then ask the family to go to <https://www.cambridgeshire.gov.uk/residents/births-deaths-and-marriages/deaths/registering-a-death> to register the death online, or call 0345 045 1363 to book a telephone appointment to register the death.

**C. Cremation certification (COVID-19 advice and changes by Coronavirus Act)**

* If the patient died with suspected or confirmed COVID-19 with a pacemaker or defibrillator in situ, cremation may not be possible due to the risk to mortuary staff or GP of removal: this at the discretion of the individuals involved. Cremation may be particularly important for certain cultural and religious groups.
* Cremation Form 5 is suspended. Only form 4 is needed: this is available as a pdf which can be completed and submitted electronically.
* Examination of the body is not required for completion of Cremation Form 4 if the deceased was seen by a medical practitioner (including video consultation) in the 28 days before death.
* Any medical practitioner can now complete Cremation Form 4, even if they did not attend the deceased during their last illness if:
* The medical practitioner who did attend the deceased is unable to sign the Cremation Form 4 or it is impractical for them to do so

AND

* A medical practitioner has seen the deceased (including video consultation) within 28 days before death, or has viewed the body in person after death.
* When a medical practitioner who did not attend the deceased completes Cremation Form 4:
  + - * Q5. ‘Usual medical practitioner?’ Answer: ‘No’. Provide details of your medical role in relation to the deceased and record at Q9 the date when the deceased was seen and a report of the record made by the attending doctor with their GMC number and name.
      * Q6. ‘How long attended deceased?’ Answer: ‘Not applicable’.
      * Q7.‘Time before death saw the deceased?’ Answer: ‘Not applicable’.
      * Q8. ‘Date and time saw body?’ Answer: ‘Not applicable’.

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/confirmation-and-certification-of-death>

<https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/certifying-deaths-during-covid-19-outbreak>

Chief Coroner’s Guidance on COVID-19 26 March 2020

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