

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Reporting Deaths to the Coroner. The Regulations on Cremation, with notes on the completion of Cremation Forms

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The Death of a loved one is an extremely distressing event for family members and friends. Many of them struggle with the formalities surrounding death certification, registration of the death and arrangements for cremation. Failure to complete, in a timely fashion, the relevant paperwork causes enormous distress to families and seriously adverse publicity for the Trust. Inadvertent breaches of the regulations surrounding reporting of deaths to the coroner and failure accurately to complete the various forms required for cremation causes delay and huge distress. It may, at worst, cause funerals to have to be rearranged. A detailed understanding of the regulations is necessary to avoid this. Junior Doctors who are unfamiliar with their obligations and the relevant statutes should take advice from the responsible Consultant or their designated deputy at an early stage. This document is designed to provide some of the relevant background information and to assist in completing the relevant forms in an accurate and timely fashion.

Situations where a Death should be reported to the Coroner:

By far the commonest reason for referral to the coroner is sudden or accidental death (see para 9 below). Other situations are listed below.

1. Death resulting from self harm and neglect

A death is reportable where there is reason to suspect that the death may have been caused or contributed to by the actions of the deceased himself or herself.

Examples would be a death where there is reason to suspect that the death may have been caused by the deceased's own hand or may have been caused or contributed to by drug or solvent abuse or by a self-administered drug overdose.

2 Death resulting from neglect or abuse where there is an established duty of care by a public authority, other organisations and individuals

A death is reportable where there is reason to suspect that the death may have been caused or contributed to by neglect or abuse on the part of:

- (i) a public authority e.g. social services, residential care home;
- (ii) another organisation e.g. another Trust or healthcare organisation
- (iii) an individual who has responsibility for the deceased. (e.g. parents of a child or adult children of an elderly patient)

3 Death occurring during or shortly after a period of detention

A death is reportable where there is reason to suspect that the death, or the injury or illness which resulted in the death, occurred or developed during or shortly after a period of detention by the police, in prison custody, by the military authorities, under the Mental Health Act 1983 or by the Border and Immigration Agency.

4 Death caused or contributed to by the police's conduct

A death is reportable where there is reason to suspect that the death may have been caused or contributed to by action or inaction by the police.

5 Deaths relating to Employment

A death is reportable where the death occurred at a time when the deceased was at work and/or there is reason to suspect that the death has been caused or contributed to by any injury, disease or medical condition resulting from the deceased's past or present employment.

6 Death resulting from lack of care or appropriate treatment, defective treatment and adverse reaction to prescribed medicine

A death is reportable where there is reason to suspect that the death may have been caused or contributed to by

- (i) a lack of care, defective treatment and/or a failure appropriately to treat on the part of a doctor or other health professional;
- (ii) an adverse reaction to prescribed medicine;
- (iii) an infection acquired during the course of treatment; and/or
- (iv) the effects of any medical or surgical treatment.

7 Death of a child

Where the death of that child was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events that lead to that death, or where the child was provided with secure accommodation (under S25 Children Act 1989).

8 Deaths where there a violent crime is suspected

A death is reportable where there is reason to suspect that the death may have been caused or contributed to by an unlawful act or acts.

9 Sudden and Accidental Death

A death is reportable where there is reason to suspect that the death may have been caused or contributed to by a sudden and/or traumatic event or accident.

Examples would be deaths caused or contributed to by a road traffic incident, a fall, drowning, fire or poisoning including fume inhalation.

10 A death which is the subject of significant concern or suspicion

A death is reportable where there is significant unresolved concern or suspicion as to its cause or circumstances on the part of

- (i) any family member
- (ii) any member of public
- (iii) any healthcare or other professional with knowledge of the death

11 Where the death has not been certified

A death is reportable where the cause of death has not been certified by a doctor.

There will be circumstances where the doctor is unable to identify with any confidence (and therefore cannot properly certify) the cause of death. It may be that the only method of establishing the cause of death is by post mortem, and such a death must be reported to the coroner.

12 A death which may have been caused or contributed to by a specified disease or condition

A death is reportable where there is reason to suspect that it may have been caused or contributed to by a disease or condition that has been specified by the Chief Coroner as being reportable to the coroner.

Examples of conditions that might be specified include: well known hospital acquired infections, food poisoning, severe acute respiratory syndrome (SARS), tuberculosis, deaths from deep vein thrombosis associated with air travel and deaths from avian flu. We envisage that these diseases and conditions specified will need to be kept under review and revised regularly. The Chief Coroner (to be appointed under the Bill) may consider it appropriate to specify certain diseases and conditions for different areas depending on its social history or demographic perhaps.

13 Deaths associated with childbirth or termination of pregnancy

Any death which occurs from any cause of a woman who is either pregnant, or subsequent to delivery, termination of pregnancy, ectopic pregnancy or miscarriage

Regulation 41 of the Registration of Births and Deaths Regulations 1987 requires a registrar to report to the coroner any maternal death that he has reason to believe has been caused by abortion. Stillbirths are not subject to coroner's investigation.

The local coroner or coroner's officer is happy to provide advice and to discuss individual cases with clinical staff and can be contacted via the Trust switchboard. In urgent situations a coroner's officer is available on call continuously. HM Coroner for Newcastle has previously expressed dissatisfaction in respect to his officers being contacted by inadequately informed junior doctors to report deaths. The matter is currently under discussion with the coroner. You must ensure that if you are contacting the coroner's officer you are fully familiar with all aspects of the patient's history, that you have all the necessary information to hand and that you are prepared to respond to the questions which may arise. If you do not feel sufficiently well informed about any aspect of the case you should ensure that a more senior member of the team, with all the relevant information speaks to the coroner's officer.

The Current Cremation Regulations

The legal basis for cremation is governed by the Cremation Regulations, 2008. These come into effect on 1st January 2009 and replace the Cremation Regulations 1930. Cremation in England and Wales is administered by the Department of Justice. Further guidance is available at <http://www.justice.gov.uk/guidance/cremation.htm>.

The purpose of the Regulations is to permit the cremation of bodies at crematoria in England and Wales subject to a number of controls over the process.

1. Form Cremation 1

A person wishing to cremate the body of a deceased person applies on a standard form for authorisation to cremate.

- Applicants are normally either the next of kin or the executor of the deceased but they may be other persons if the person died without a close relative or did not leave a will.
- The applicant needs to sign a statement of truth at the end of the application form.
- The applicant is given the opportunity to inspect forms 4 and 5, prior to cremation. They may also nominate somebody else to inspect forms 4 and 5. This is a new provision in the 2008 regulations. **Be aware that some of the information requested in the forms (particularly questions 9 and 12 on Form 4) may have been given to you by the deceased in confidence. If this information is included in the form it may be disclosed to the applicant for cremation if they choose to inspect the form. If this would cause a breach of confidence you may give the information requested to the cremation referee on a separate sheet of paper attached to the form explaining your reasons for this and stating that the information should not be disclosed.**

2. Form Cremation 4 - Medical Certificate

The doctor who treated the deceased person during their last illness will complete a medical certificate detailing a number of facts about the nature of the final illness and give a cause of death.

3. Form Cremation 5 – Confirmatory Medical Certificate

The doctor who completed form 4 will pass the completed form to another doctor, the countersigning doctor. This doctor must **not** have been involved in the treatment of the deceased person, nor be a partner or relative of the first doctor nor be a relative of the deceased.

- This doctor will examine the form 4 **and** question the first doctor and others involved in treating or caring for the deceased.

- He or she will also examine the body. He or she will then give the cause of death on form 5.
- Forms 4 and 5 will then both be sent to the medical referee at the crematorium, together with the Form 1.

It is the medical referee's duty to study the 3 forms and make any further enquiries that might be necessary before authorising the cremation, using Form 10.

- The medical referee may also refuse to authorise the cremation. If so, he or she must give reasons for that decision.

Deaths referred to the coroner - In these cases the treating doctor should **not** complete form 4.

- The coroner may, however, discuss the case with the treating doctor and advise that the treating doctor can complete Form 4.
- If not, the coroner may order a post-mortem examination or decide an inquest should be opened (often both). The coroner will then send a certificate to the medical referee (Form 6) advising the medical referee that an inquest has been opened or a post-mortem examination has been performed.

All deaths abroad where the body is brought back to be cremated within England and Wales also require a Form 6 to be completed, whether or not the cause of death is unnatural or unknown.

In all cases where the body is cremated the cremation authority must complete an entry in the register.

There are a number of additional forms used less frequently. Occasionally the medical referee may doubt whether the deceased died of natural causes although the coroner is satisfied that he does not need to become involved. In those circumstances, the medical referee has the power to order a post-mortem examination to be performed by a pathologist, subject to the consent of the next of kin. The pathologist will then complete Form 11, giving a cause of death.

Notes on the completion of Forms 4 & 5

- Prior to the completion of forms 4 & 5 a medical certificate for cause of death must have been issued. Guidance notes on this are available at www.gro.gov.uk/medcert/
- These are formal legal documents, all questions must be answered and no abbreviations should be used.
- You must write legibly.

Form 4

- Question 5 The 'usual medical practitioner' of the deceased is normally regarded as their General Medical Practitioner. Where the deceased has been an in-patient in hospital for a short period of time therefore the answer to this should be 'no' – you should then fill in the box detailing your role in the deceased's medical care.
- Question 6 The minimum period of hospital care to enable you to complete form 4 and to satisfy this requirement is 24 hours. If you have not looked after the deceased for this long then you should either get somebody else who has to complete the form or, if they were not in hospital for more than 24 hours, inform the coroner.
- Question 8 You must be able to state that you have physically seen the body after death, what kind of examination you made and specify when you did this.
- Question 9 You must describe in this box the observations of yourself and others leading up to and at the time of death. You are required to describe the symptoms and conditions which led to your conclusions about the cause of death.
- Question 10 If the answers to the two parts of this question are both 'yes' then the cause of death in question 11 should be the findings of the post mortem. In this circumstance, completion of Form 5 is not required.
- Question 11 You must describe the cause of death using recognised terms. You must give the pathological cause of death e.g. 1a) myocardial infarction, 1b) Atherosclerotic coronary artery disease, 1c) Hypercholesterolemia, not the mode of death e.g. 'cardiac arrest' or 'heart failure'. Under normal circumstances the cause of death should be that which was set out in the medical certificate of cause of death sent to the Registrar of Deaths.
- Question 12 'Operation' should be taken to include any interventional procedures e.g. the insertion of a stent.
- Questions 13 you need to specify whether any 'operation(s)' shortened the life of the deceased. If the answer to this is 'yes' you must refer the death to the coroner for consideration and possible investigation.
- Questions 14 and 15 Specify full names and contact details.
- Questions 17, 18 and 19 You must be able to answer 'no' to all parts of these or explain why you have answered 'yes' in the box.
- Question 23 about pacemakers or any other implanted device containing a battery, radioactive implants and 'Fixion' nails **must** be answered in all

cases. Inert implants such as hip prostheses do not need to be mentioned.

You should sign and date the form, provide your local contact address, print your name in Block Capitals and provide your contact telephone number in the box for the purpose. You must also provide your GMC number and registered medical qualifications. Dental practitioners cannot complete cremation forms.

Form 5

- You must have been fully registered for more than 5 years and must hold a license to practice before you may complete this. In future, you will need to have held a medical license for at least 5 years. For doctors whose primary medical qualification is from outside the UK and part of whose clinical experience is in the EEA or elsewhere, regulations exist in respect to eligibility to complete form 5. If this may apply to you then, before completing a form 5, you should ensure that you are entitled to do so. Details are available from the Department of Justice website <http://www.justice.gov.uk/guidance/cremation.htm>.
- You must be demonstrably independent of the Doctor who has completed Form 4.
- You may not:
 - Be a relative of the deceased
 - Be a relative or partner of the Doctor who signed form 4
 - Be a colleague in the same clinical team as the doctor who signed Form 4
- You must see and examine the body of the deceased.
- You must see and question the Doctor who completed Form 4.
- The cause of death which you write on Form 5 does not have to be the same as that given on Form 4 but if there is a difference you must explain any discrepancy.

Form 5 is not required when:

- A post mortem has been performed by a medical practitioner appointed by the cremation authority who has issued Form 11.
- A post mortem has been carried out and the cause of death has been certified by the coroner on Form 6.
- An inquest has been opened and the coroner has issued Form 6.
- The death occurred in hospital, the deceased was an in-patient there, a post mortem has been carried out by a medical practitioner qualified to do

so and the doctor knows the result of that examination before they complete Form 4 (Both questions 10 on Form 4 must have been answered in the affirmative).

Completion of Cremation forms should be given high priority, they must be promptly returned to minimize the risk of causing delay to funeral arrangements. If you are in doubt about any aspect of the processes of death certification, referral to the coroner or completion of cremation forms you should seek advice from a senior colleague immediately.

If, at any stage, you believe that an error in the process may have occurred please take immediate action. The individuals with whom you may need to liaise would include: the Consultant under whose care the patient was admitted, the on call member of the Medical Director's team (Trust switchboard), the Registrar of Deaths at the Civic Centre (Death certification), the Coroner, via the Coroner's officer (Trust switchboard) or the Cremation referee.

You are reminded that fees for the completion of cremation forms should be declared as income to HMRC.

Author: Medical Director