

Guidance for Doctors on Death Verification, Identification And Registration during Coronavirus Pandemic

Background

This guidance is written as we confront the worst consequences of the Coronavirus pandemic. It is drafted with the following matters in mind:

- The mortuaries at Royal Cornwall Hospital Trust (RCHT) and West Cornwall Hospital (WCH) already work at, or very close to, full capacity. It will be critical to keep as many bodies as possible out of the hospital mortuaries to prevent them from becoming overwhelmed;
- As a matter of local policy, there will be no testing of the deceased for COVID-19. The (limited) testing kits available will be reserved for the living. In the event sufficient testing kits do subsequently become available, I may re-consider this policy;
- There will be no PM examinations of suspected COVID-19 deceased without extremely good reason. The infection risk faced by the APTs and pathologists together with their anticipated huge increase in workload simply make this unjustified in all but the most exceptional circumstances;
- The ability for a PM to be conducted generally during the pandemic is likely to be greatly reduced due simply to lack of available capacity. Doctors are encouraged to try and write a Medical Certificate of the Cause of Death (MCCD) wherever possible. See 'the test to apply' below.
- The construction of a substantial, temporary mortuary facility is near completion. To remain within the legal framework of the Human Tissue Authority, there will be no PMs or even swabs performed on the bodies in the temporary mortuary. It will have to be properly staffed, further stretching the limited resources of the hospital mortuary team. In the event a PM cannot be avoided, a body must be transported to RCHT mortuary and not the temporary facility;
- Regulations have been relaxed to facilitate the rapid and simple certification of the anticipated large number of deceased. Care needs to be taken to ensure no one attempts to take advantage of this. If you have reason to suspect a death is unnatural, either wholly or in part, you must report it to the coroner;
- GPs will also see a significant increase in workload. That is likely to be accompanied by a reduction in workforce due to infection and self-isolation. In anticipation of this, the law in relation to certification has changed as have the rules in relation to Pre-Notified Death Forms (see below.)

- Where an attending doctor can write an MCCD, a body will be taken to the temporary mortuary pending disposal. Where an MCCD can be written but it is impractical for this to be done by an attending doctor, it is anticipated this will be undertaken by a team of (retired) GPs based at the temporary mortuary site. The retired GPs will deal with certification to include cremation forms. Community GPs are asked to assist their certifying colleagues at the temporary mortuary site as far as possible by making notes and records available and discussing individual patients by telephone, where necessary. It is intended that this will reduce infection risks for community GPs by removing their need to see a body after death.
- There will inevitably be unforeseen problems that arise, as with any new system. I propose to take a pragmatic approach to the resolution of these problems.

General

A death from Coronavirus is a death from natural causes. Accordingly, where it is the immediate cause of death, a doctor should simply complete an MCCD with:

1a) COVID-19

Similarly, Coronavirus can be a contributory cause to a natural death. In those circumstances 'COVID-19' would be inserted at Part II of the MCCD.

There has been confusion since Coronavirus was made a notifiable disease. Notification is to Public Health England (PHE) NOT the coroner. There is no need to refer a death to the coroner simply because of the mention of COVID-19.

The Test to Apply

To complete an MCCD, a doctor must be able to state a (natural) cause of death to the best of their knowledge and belief. A doctor does not have to be sure. The standard required is less than on a balance of probability.

In relation to COVID-19, where death has occurred in hospital after a positive diagnosis, the position is straightforward. Where death has occurred in the community, the situation may be less clear particularly absent a positive test. Doctors may wish to speak to a matron or nurse (in a care setting) or a family member in a death at home. Where there is evidence of infection (fever, cough, self-isolation etc) these factors may well be sufficient to allow a doctor to state the cause of death to the best of their knowledge and belief and sign an MCCD. Doctors are asked to note the changes to the law explained under 'Certification' below.

Pre-Notified Death Forms (PNDF)

With immediate effect:

- the period of validity of a PPDF is to be extended from 14 days to 28 days. This is consistent with the notice provisions for completing an MCCD contained with the Coronavirus Act;
- To extend the validity of a PPDF, there is no longer a requirement for a doctor personally to attend upon a patient. Where a patient is at home, a telephone call to a member of the family providing care will suffice. Similarly, where a patient is in a Care or Nursing Home, a telephone call to Matron or an Allied Health Professional will be sufficient.
- Doctors are expected to check that a patient's status is unchanged or worsening ie there is an expectation of imminent death. A record of the telephone call confirming the identity of the persons involved and the date it took place should be entered in the notes.

Death Verification

For a death in the community, it is anticipated verification of the fact of death will be dealt with by a member of a 'team' dispatched to collect, identify and recover a body.

Identification

This will be dealt with by a 'team' that attends to collect a body. A booklet has been produced to ensure relevant information is captured. Doctors may be contacted in this regard and should be ready to assist with providing details, including:

- Age and date of birth;
- Usual GP;
- Any known preference for cremation or burial;
- Relevant PMH;
- When last attended upon by a doctor (registered medical practitioner.)

Implants

It is imperative that all deceased are identified who have a pacemaker, battery implanted device, Fixion or any other implant that will require removal prior to cremation, or alternatively, necessitate a burial.

Certification of the Cause of Death

Where a doctor has attended upon a deceased for their last illness within 28 days of death, if it is practical for them to do so, they should complete an MCCD and associated Cremation Forms. 'Attendance' before death can now include an audio-visual or video attendance, for example, by Skype or similar. A telephone call does NOT amount to

an 'attendance' for registration purposes but, as a matter of local policy, I am permitting telephone calls to suffice for extending PNDf's, as set out above. Attendance after death must be in person.

There have been two further key changes to the law in relation to MCCDs:

- i) A (second) doctor who did not attend a deceased during their last illness may now sign an MCCD where a (first) doctor did attend but is unable to sign or it would be impractical for the (first) doctor to sign (perhaps because they are self-isolating) provided that the (second) doctor can state the cause of death to the best of their knowledge and belief;
- ii) A doctor can sign an MCCD for a patient even where that patient has not been attended upon during their last illness, or even seen after death, if the doctor is able to state the cause of death to the best of the doctor's knowledge and belief. In this case the death must be discussed with the coroner.

As from Monday 30th March the registration service has switched to telephone death registrations. MCCDs should be emailed to: MC.CDs@cornwall.gov.uk

As far as Cremation Forms are concerned:

- The content of Crem 4 is unchanged but the requirement for it to be completed by the attending doctor has been suspended. Any medical practitioner can now complete it, even if they did not attend the deceased during their last illness or after death, if the following conditions are fulfilled:
 - A) The doctor who did attend the deceased is unable to sign Form 4 or it is impractical for them to do so; and
 - B) A doctor has seen the deceased (including by Skype or similar) within 28 days of death or has viewed the body after death.
- The need for a confirmatory medical certificate prior to a cremation (Form 5) has been dispensed with;

Cremation Referees

The Cremation Referees have a legal duty to ensure a cause of death has been 'definitely ascertained' before authorizing a cremation. To enable their legal duty to be met, doctors are required to complete Q9 of Form 4 in as much detail as possible, explaining the rationale why this is a natural death and setting out that there are no known concerns that require further investigation.

Natural Deaths From An Unascertained, Non-Suspicious Cause

Doctors are encouraged to offer an MCCD wherever they feel able to state the cause of death to the best of their knowledge and belief. It is recognized, however, that this will simply not be possible in all cases. Given that, at best, an extremely limited PM

capacity will be available, there may not be a process whereby a definitive cause of death can be arrived at during the course of the pandemic.

For the duration of the pandemic, the Registrar has now indicated that, where appropriate, she will accept as a cause of death

1a) Natural Causes.

Further guidance in this regard is awaited and the position will be updated as it changes.

Inquests

Guidance on the hearing of inquests has already been provided and can be read at the link below.

<https://www.cornwall.gov.uk/media/42833165/notice-adjourning-hearings.pdf>

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