

Remote Verification of Death

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Bottom Line Up Front

- Care for relatives and carers who have recently witnessed the death of a loved one is an integral part of General Practice
- The guidance contained in this presentation is not a prescriptive policy but a guide
- If at any time during the telephone assessment you sense some discomfort, then stop and address the caller's concerns
 - Gain consent to proceed
 - No consent, don't proceed
- *Do not ask relatives to check for signs of life like pupil responses or pulses but rely instead on the passage of time iaw Shropdoc guidance¹ but only if relatives are comfortable with this*

Overview

- Background
 - Local Guidance
 - National Guidance
- Verification vs. Certification
 - The law, or lack of it
 - Competent Individuals
- Expected Death vs.
 - Unexpected but unsurprising
 - Unexpected and surprising
 - Suspicious
- The Process
- Next Steps

Background

- On 10th April, Shropdoc published local guidance on remote verification of death out-of-hours¹
 - Co-developed and endorsed by the National Association of Undertakers' Members locally
- On 5th May The Department of Health and Social Care published guidance² that supports Shropdoc's approach in part
- The purpose of this presentation is to introduce the local procedure to ensure a shared understanding of the protocol

National Guidance²

- The national guidance is for all cases outside hospital when verification of death may be completed by people who have been trained to do so in line with their employer's policies, including:
 - medical practitioners
 - registered nurses
 - paramedics
- *Importantly, it is also for other non-medical professionals**, usually and normally independent of family members, who are verifying death using remote clinical support.
- *This slide deck supports carers working in the community who have not undertaken verification of death training to become the eyes and ears of the verifier, ensuring timely and safe verification over the phone

Verification vs. Certification

- Verification
 - When someone dies it is custom and practice to ask a competent person to verify this fact and record the time of death
 - There is no legal requirement for this (next slide)
 - It represents an opportunity to provide pastoral care to the bereaved and information about next steps
- Certification
 - Is required by law and must be done by a registered medical practitioner
 - Usually the deceased' GP

The Law Or Lack of It – LMC* Notes

- There is no statutory duty for a doctor to establish the fact of death. The law says that any competent person can confirm death. There is no clear definition of 'competent' in this context, certainly no legally accepted definition.
- The MDU states that anyone, such as a family member, can declare a person dead. It appears that it may not even be necessary for a death to be verified before a body is moved.
- In other areas in England this is accepted and does not cause a problem, removing from clinicians the risks of attending potentially infected bodies solely to verify that life is extinct.
- In law, coroners have no jurisdiction over verification of death; it is outside their powers. Despite this, in many areas, including Shropshire and Telford, the Senior Coroner has ruled that death must be verified by a suitably qualified clinician or police officer.
- Because of this ruling (although not enforceable) and because of the wording of their professional liability insurance, funeral directors will usually refuse to move a body before death has been verified by either a doctor or paramedic. In law, there is no onus or requirement for any doctor to attend to verify - but the reality, not least because of the situation otherwise created, is that it may be difficult not to do so.
- In summary, English Law:
 - does not require a doctor to confirm death has occurred or that "life is extinct".
 - does not require a doctor to view the body of a deceased person.
 - does not require a doctor to report the fact that death has occurred.
 - does require the doctor who attended the deceased during the last illness to issue a certificate detailing the cause of death.

Expected Death

- You will hear the term, “expected death”
- What does this mean?
- An expected death is the result of acute (sudden) or gradual deterioration in the patient’s health and often due to advanced disease and terminal illness².
- The guidance² should be applied for both confirmed and unconfirmed COVID-19 cases.
- It is relevant to all adult deaths in all settings (healthcare, social care and domiciliary settings and circumstances), with the exception of when a case must be reported to the coroner.

Unexpected Death

- Any death that cannot reasonably be explained by virtue of recent decline, age or co-morbidity is 'unexpected'
- The body can still be removed by the undertaker but all lines and tubes, including syringe drivers, must accompany the body
- The deceased' registered GP will need to contact the Coroner's office to discuss the case

Unexpected Deaths – Myths and Facts

- Myth - The fact that someone has not seen their GP in the last 14 days does not make it unexpected (this was widely taught locally)
- Fact - It is up to the patients registered medical practitioner, with Coroner's help if required, to determine whether a death is unexpected
 - This does not preclude remote verification and collection of the body by the undertaker
- Fact - Unexpected deaths must be notified to the coroner using agreed policies. In all such cases, lines, drains, endotracheal tubes, for example, must not be removed without the express approval of the coroner.

Other Categories – Shropdoc View

- Unexpected but not surprising
 - e.g. frail elderly with co-morbidities that we didn't expect to die imminently but on reflection and reference to the GP records can be explained
 - Can be verified using the process described here but the body cannot leave the district
 - Do not remove syringe drivers
- Unexpected and surprising
 - No suspicious circumstances
 - The deceased' registered GP will have to speak to the Coroner on the next working day
 - Can be verified using the process described here but the body cannot leave the district
- Suspicious
 - Call the Police

Remote Verification

- Where there is nobody on-site qualified to verify and no expectation that oncoming staff are qualified:
 - Proceed to remote verification
- Information to have to hand:
 - Full name, date of birth, address and NHS number (if available) of person whose death is being verified

The Process – Not For Relatives

- Equipment to assist verification of death by carer or unqualified nurse at the location of the deceased:
 - pen torch or mobile phone torch
 - Stethoscope (optional)
 - watch or digital watch timer
 - appropriate personal protective equipment (PPE)

Who To Call

- In-hours
 - Call the deceased' registered GP practice
- Out-of-hours
 - Call 111 who will pass your call to Shropdoc

The Call

- During the call you will be asked to be the eyes and ears of the verifying clinician
- Ensure you have enough time, space and privacy to undertake the observation in a compassionate way
- Note the person verifying and their role
- Establish the identity of the deceased and describe the circumstances leading up to death
- Note whether there are any tubes or a syringe driver

The Process Itself

- The verifier will take you through checking 3 body systems
 - The Neurological System
 - The Respiratory System
 - The Circulatory System
- Twice, separated by 10minutes

1. Neurological System

- i. Check pupils are dilated and fixed (unresponsive to light directed into both eyes using a torch).
- ii. Check there is no response to painful stimuli. If you squeeze the muscle between the neck and the shoulder (the trapezius), do they respond?

Locating The Trapezius Muscle



If you've had a hard day at work and have a sore neck, the trapezius muscle is the one you naturally reach for to rub it better.

2. Respiratory System

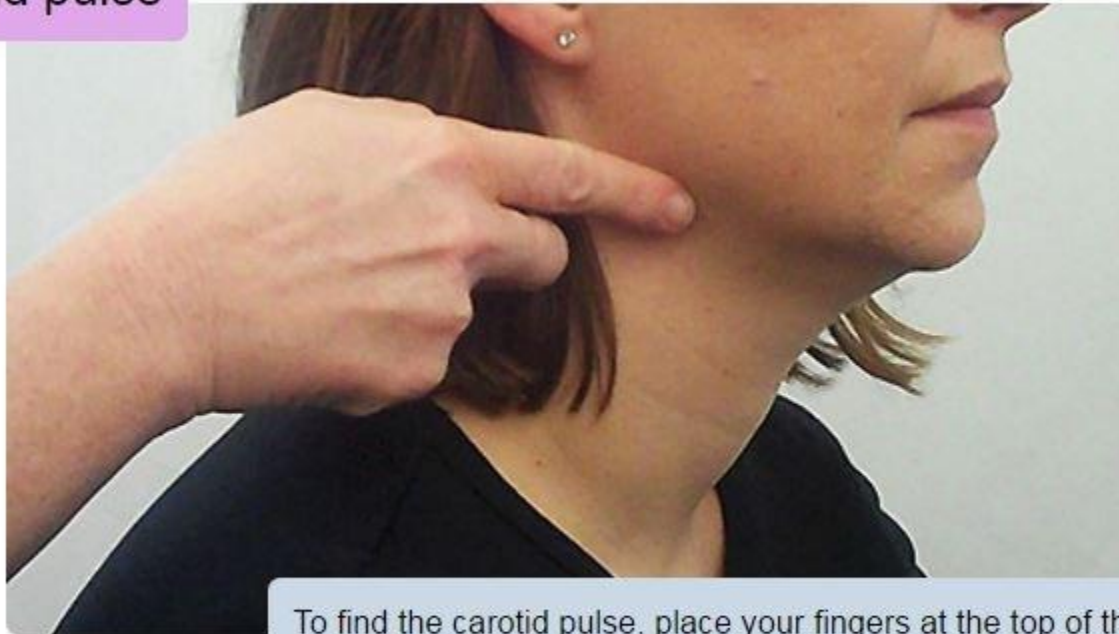
- Check that there is no movement of the chest wall for 3 minutes by observing the chest (you may need remove clothing to expose the chest or abdomen).

3. Circulatory System

- The remote verifier will talk you through finding the site of the carotid (neck) pulse and check this for 1 minute to check that this is absent

Locating The Site of The Carotid Pulse

Carotid pulse



To find the carotid pulse, place your fingers at the top of the neck, just under the jaw at about the mid-point between the earlobe and the chin.

<https://rcni.com/hosted-content/rcn/first-steps/pulse>

Reassessment and Recording

- Repeat the above steps after 10 minutes and record:
 - 1. Full name, date of birth, address and NHS number (if available) of person whose death is being verified
 - 2. Name of person verifying
 - 3. Role of person verifying
 - 4. Who is present
 - 5. Circumstances of death (location, who first noted it, anyone present at the time of death)
 - 6. Outcome of verification, including time of death
 - 7. Any discussions with staff or relatives
 - 8. Any concerns from staff or relatives

Remember

- Do not ask relatives to use the process described in this presentation but instead refer to the Shropdoc guidance from April, which is published on the Clinical Area of the Shropdoc website alongside this presentation

References

1. Shropdoc Policy Document – Verification of Death During Covis-19 Pandemic
2. <https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency>
3. <http://www.legislation.gov.uk/uksi/2019/1112/made>