

1.COVID-19: Death in the community

(Updated 15/4/2020. Full references at end of document.)



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- The Coronavirus Act 2020 ⁷ makes fundamental changes to how we handle death certification in the community.
- These changes in the law apply to ALL deaths, not just those due to COVID-19. It applies in ENGLAND and WALES.
- **We have used national level guidance, referenced through this article, but there is SIGNIFICANT local variation. You may be asked to refer to guidance from your local coroner. Linked references for our statements are included on page 3.**
- There is space on page 2 to personalise this document with your local details.

Verifying death^{1,2}

Why is this an issue now?

Verification of death (confirming life extinct) has not been changed by the Coronavirus Act 2020 but is causing particular controversy at this time. This can only be resolved by national level organisations. Here we attempt to give the background so that you can make the best-informed decisions possible as individual clinicians.

The law^{1,2}

English law **does not** require that a doctor visit to confirm life extinct. However, in many areas, it has been custom and practice to do so, particularly in OOH settings. English law, the BMA¹, CQC and the MDU² agree the following:

- **A doctor does not have to see a patient to verify death (extinction of life) – this is not new.**
- **Any competent adult can verify death.**

National body guidance

- The **definition/interpretation of ‘competent’** varies between different sources, e.g.:
 - The CQC interprets it as meaning an individual with the knowledge, skills and competencies to determine a person is dead.
 - The MDU states that **“anyone, such as a family member, can declare a person dead and note the date and time of death”²**.
- **Local coroners:** Similarly, local coroners also vary in their interpretation of ‘competent’:
 - *We have a specific local coroner’s letter citing “family members and funeral directors” as competent, as mentioned in the initial Pearl, but this is far from universal.*
 - Some local coroners are stating a requirement for a medically-qualified person to verify death; others are not.
 - **This will impact on what happens locally in your area.** *We sought clarity directly from the Chief Coroner’s office which stated that it is unable to offer specific legal advice.*
- **BMA:** In November 2019, the BMA stated that *“if a patient is declared to be dead by a relative, a member of staff in a nursing home, ambulance personnel or the police, GPs would be acting correctly in prioritising the needs of their living patients”¹*. The webpage has now been removed from the website and has not yet been replaced.
- **NMC:** The current Nursing and Midwifery Council guidance for nurses is that they should have “appropriate competency” in order to be able verify death *independently*.

Remote verification of death

We understand that the GPC is working with the RCGP to create a national protocol for remote verification of death. We will update this document if and when this guidance becomes available.

Remember:

- While we need to behave sensitively and support each other and colleagues in social care, this must be balanced with the needs of *all* the patients we serve and the risks of COVID-19 transmission.
- We also need to pay attention to local guidance, what local coroners require and what LMCs have negotiated. If you are unsure or unhappy about your **local situation**, your LMC is a good first port of call.
- The final decision rests with the tasked doctor; if they decide to visit, appropriate PPE will be required.
- Unexpected deaths should be managed as previously.

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2.COVID-19: Death in the community

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Issuing a medical certificate of cause of death (MCCD)^{3,4,5}

COVID-19 as a cause of death

- **COVID-19 is an acceptable direct or underlying cause of death:**
 - You can write it as cause of death on the certificate.
 - In patients with a typical presentation who were not tested, the guidance states it is “satisfactory to apply clinical judgement”⁵.
- COVID-19 is not, on its own, a reason to refer a death to the coroner.

Signing the MCCD⁴

- **Any doctor can now sign the MCCD, even if the deceased was not attended during their last illness and was not seen after death, provided they are able to state the cause of death to the best of their knowledge and belief.**
- If the attending doctor is available, it makes sense for them to complete the MCCD.
- If a non-attending doctor completes the MCCD, the name and GMC number of the attending doctor should be entered in the ‘last seen alive’ section.
- If we cannot state the cause of death or have concerns, we should refer directly to the coroner as usual, we may discuss the situation where we feel we can state a cause of death but it is greater than 28 days since attendance.
- The Coronavirus Act does not change the October 2019 Ministry of Justice regulations concerning the 9 types of death we **should** refer³.

The registrar decides...⁴

There are 2 options when the MCCD reaches the registrar:

- If any medical practitioner (it **does not** have to be the same one who signed the MCCD) has attended the deceased in the **28 days** before death or has seen the body after death, the registrar can register the death normally.
- If there was no attendance (face-to-face or video) within the 28 days before death, or after death, the registrar would need to refer to the coroner. If completing the MCCD in this scenario, circle option 4: refer to the coroner. In practice the GP may already be in touch with the coroner in this scenario.

(We think this scenario is most likely to occur when a doctor has been consulting by telephone with a patient in the last 28 days. This does not currently count as attendance. We may feel able to state a cause of death from these telephone consultations but have not had a visual attendance in the 28 days before, or after, death. We are aware that, in this situation, some GPs are being asked to see the body of the deceased.)

What counts as attendance?

- **Before death:** face-to-face or video consultation; at present, **not telephone.**
- **After death:** the Registrar General’s opinion is that only ‘in person’ attendance counts.
- At the time of writing, NHSE guidance and the General Register Office state that telephone consultation is NOT attendance. This is currently being challenged by the BMA (<https://tinyurl.com/BMA-letter-9-4-20>) which is asking that telephone consultations **should** count as attendance, and that viewing of the body after death by video link should be acceptable.

Registering deaths⁷

For the duration of the Coronavirus Act, registration of death does not have to be done in person and can be done by telephone. It does still have to be done within 5 days.

- Funeral directors have been added to the list of people who **can** register the death (e.g. where the family is self-isolating)⁷.
- Family members will be able to call the registrar’s office (**REGISTRAR’S TEL. NO. _____**).
- Death certificates should be scanned/photographed and transferred electronically by secure email from the practice to the registrar. This is recommended best practice during the pandemic.
- You will be supplied with an email address (**REGISTRAR’S EMAIL ADDRESS _____**).
- **All original forms will need to be stored securely to be sent to the register office after this period has passed.**

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Cremation forms ⁶

For the duration of the Coronavirus Act, cremation can be undertaken on the basis of just ONE medical certificate (form Cremation 4, colloquially known as the 'Part 1'). This is for ALL deaths, not just coronavirus deaths.

- Cremation 4 can be completed as an [interactive PDF](#) and saved *before* sending by secure email.
- There is also a plug-in for SystmOne and EMIS, hosted here: [Primary Care Pathways Facebook group](#).
- Cremation 4 can be completed by ANY medical practitioner in the event that the attending doctor cannot complete it or that it is impractical for them to do so ^{5,6}.
- To complete Cremation 4, you must have seen the patient (in person or by video) in the 28 days before death, or seen them in person after death, or know of another medical practitioner who saw them 28 days before death, or after death^{5,6}.
- In exceptional circumstances, it may be acceptable that the patient was last seen over a longer period, such as where the death was registered on the basis of a medical certificate cause of death supported by a Coroner's form 100A.
- If we do not examine the body after death, we need to ensure from the notes or other evidence that there are no implanted devices, e.g. pacemakers or ICDs.
- The need for form Cremation 5 (colloquially known as the 'Part 2') has been suspended⁶.
- **Deceased with pacemakers or ICDs:** some, but not all, areas have reverted to a 'burial only policy' as guided by local LMCs and funeral directors because of the COVID-19 transmission risk associated with device removal. If you do decide to remove these devices, ensure you wear appropriate PPE as per PHE guidance.

What to write on form Cremation 4 if you were not the attending doctor ⁶

Question 5: Were you the deceased's usual medical practitioner?	Answer 'NO' (enter 'Certifying doctor' in role if you did not attend the deceased at any point.)
Question 6: Please state how long you attended the deceased during their last illness?	Answer 'N/A'
Question 7: Please state the number of days and hours before the deceased's death that you last saw them alive?	Answer 'N/A'
Question 8: Please state the date and time that you saw the body of the deceased and the examination that you made of that body.	Answer 'N/A'
Question 9: From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death.	Record the name and GMC number of the doctor who attended within the past 28 days, the DATE the deceased was seen and a summary of what was entered in the record by the attending doctor.

References (hyperlinked) (correct 15/4/2020)

1. [BMA Guidance on verifying death \(21/11/2019\)](#)
2. [MDU guidance on death verification and certification](#)
3. [Ministry of Justice: Revised guidance for registered medical practitioners on the Notification of Deaths Regulations \(March 2020\)](#)
4. [Chief Coroner: Summary of the Coronavirus Act 2020 Provisions relevant to Coroners.](#)
5. [ONS/ HM Passport Office Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales](#)
6. [Ministry of Justice: Revised Guidance to Medical Practitioners completing Form Cremation 4 in a period of emergency \(Revised March 2020\)](#)
7. [The Coronavirus Act 2020](#)

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