

## Verification of Death (VoD), Completion of Medical Certificates of Cause of Death (MCCD) and Cremation Forms in the Community in England and Wales

The exceptional challenge posed to society and the health service around the manner in which we care for the deceased and their families during the COVID-19 emergency has led to a very rapid revision of many of the systems involved. The societal processes for responding to deaths are managed across different government departments and are governed not only by statute and regulations but also by coronial interpretation and local practice and arrangements. This framework should be considered when interpreting the guidance that follows, which is specifically targeted at the current COVID-19 emergency.

It is incumbent on those working with the bereaved to recognise that these processes can cause significant distress to them. All participants in the system must be ever conscious of this and conduct themselves in a manner that does not add to the emotional suffering of families.

The BMA promotes the following core principles in these matters:

- That this subject matter is of significant distress to the bereaved. All participants in the system must be conscious of this and conduct themselves in a manner that does not add to the emotional suffering of families.
- All those involved respect the dignity, religious and cultural needs of the deceased and family members.
- The timely and efficient verification of death is highly important in the current crisis and those responsible should act accordingly. We encourage workers in the wider health and care system to work collaboratively with doctors to achieve this.
- The procedures for certification can provide a valuable safeguard against wrongdoing and everyone involved in this process should raise any concerns they have as a matter of urgency.

The process associated with death should be properly divided into its constituent parts: verifying the death; certifying (and, if necessary, investigating) the death; and observation of the necessary safeguards to allow cremation if needed.

### Verification of Death

Verification of death is the process of identifying that a person has died. It has nothing to do with providing a death certificate or identifying the cause of the death.

English Law allows that any competent adult may verify that someone has died, but it does not place them under a legal obligation to do so. Various professional organisations have produced differing advice to their members about whether they should verify deaths and how they should go about it. This has led to a degree of uncertainty about the correct approach to verifying deaths. In some cases, this uncertainty has resulted in doctors being called to view the body to verify the death.



Some doctors have expressed concern that being asked to attend cases where death is clear, expected and verification could reasonably have been performed by others, either independently or with remote support, creates unnecessary risk. In doing so it draws them away from providing care to the seriously sick and creating an additional unnecessary infection risk to them, their patients or those who were caring for the deceased.

The timely and efficient verification of death is important in the current crisis and we would hope that all will play their part, where they are able, in assisting in this. In particular, we would expect that workers in the wider health and care system will work collaboratively with doctors to achieve this. We recognise the excellent relationships that exist across England between health and social care and the many existing arrangements for verification of death that have served communities and professionals well. This is particularly the case in residential and care homes, and when community healthcare professionals have been supporting patients at home. Where these arrangements are established and agreed they should continue.

For areas where these arrangements are not yet fully in place and help is needed to become so, the BMA has, in partnership with the Royal College of General Practitioners, produced a protocol for remote assistance in verifying death. This will allow a competent adult at the scene of a death to access help and guidance via video link from a clinician to allow that clinician safely and quickly to verify that death has occurred. Infection prevention and control evidence related to COVID-19 is rapidly evolving, and further updates may be made to this BMA guidance in response to this.

The protocol can be found [here](#) and we would commend it to all health and care staff and those other competent adults in the community that are comfortable in following this guidance.

Whenever a death is suspicious it must be reported to the police. Unexpected deaths will usually be reported to the local coroner to begin the process of establishing a cause of death. It is also important to note that where a registered medical practitioner signing the MCCD suspects that the death may have been caused by an infection acquired occupationally, they must report it to the coroner.

### **Certification of Death**

After a death has been verified, a certificate (Medical Certificate of Cause of Death – MCCD) must be completed and submitted to the local registrar of births, marriages and deaths. The certificate must be completed by a doctor who is registered (including temporary registration) and licensed to practice with the GMC. In addition to other details required on the certificate, the doctor must provide to the best of their knowledge and belief a cause of death. The cause entered is a matter of clinical judgement, determined by weighing up the patient's recent and past medical history and the circumstances of their death. When a doctor cannot reasonably give a likely cause of death the case must be submitted to the coroner for investigation which may include a post-mortem examination of the body to establish a cause of death. Under COVID-19 arrangements, where the GP has completed the MCCD, it will be emailed to the registrar's office, rather than being collected from the surgery.

In those cases where the doctor is confident on medical grounds that a particular cause of death is likely then that should be entered on the MCCD. COVID-19 is an acceptable direct or underlying cause of death for the purposes of completing the MCCD, even without the results of a positive test, and it is important that likely COVID-19 deaths are reported as such via the registrar.

The rules surrounding the completion of the MCCD have changed following the Coronavirus Act 2020. In order for a doctor to complete a MCCD without referral to the coroner any doctor must have seen (including via video link) the patient in the 28 days before death, or alternatively in person after death. If these conditions are met, then a doctor may complete a MCCD which is sent to the registrar who will record the death and complete the paperwork to allow burial or cremation.

If these conditions are not met but the doctor is satisfied regarding the likely cause of death, then a MCCD may still be issued but should be clearly marked to indicate that the person was seen neither in the 28 days before death or after death. In such circumstances the case must be referred to the coroner. The process for this referral is defined at a local level by each coroner, but the doctor will be required to explain the medical history and circumstances of the death to help the coroner

reach a determination. The coroner may then issue a form 100A sanctioning the completion of the registration process, or they may choose to order a post-mortem examination.

The conditions above are the subject of a BMA request to government. We have asked that any clinician (not just a doctor) may have attended the patient in the 28 days before death and that this may include telephone (not just video) consultations. We believe this more correctly reflects the reality of the way in which GP teams of specialist allied health professionals deliver care. We have also asked that where no contact has taken place before death that the requirement to attend after death can also be via video link with the funeral director. These are changes that could significantly speed up the certification process and reduce the expected surge in demand on the coronial system, thereby speeding up the process for grieving families and reducing their suffering. We are aware that some coroners have already signalled their local agreement to such a pragmatic approach.

### **Cremation Certificates**

The Coronavirus Act 2020 changed the requirements of the cremation process. During the COVID-19 emergency for anyone requiring cremation the form Cremation 4 only is needed. The normal requirement for the form Cremation 5 has been suspended.

The form Cremation 4 will be scrutinised by the crematorium medical referee to ensure it complies with guidance. Question 6 on the form asks when the deceased was last seen. The parameters are the same as those for the completion of the MCCD (i.e. attended at least via video link within 28 days of death or seen afterwards in person). It is possible to complete a form Cremation 4 without satisfying these criteria if the death has been referred to the coroner and the MCCD has been supported by a coroner's form 100A.

Crematorium medical referees have the right (and a duty) to raise questions where they believe they are required to ensure the safety and probity of the system.

Please also note where removal of medical implants from the deceased is required, the completion of form Cremation 4 can proceed as removal can be undertaken by a professional wearing the correct PPE and after carrying out the usual risk assessments.