

Cruse Bereavement Care
Response to consultation paper 8549
Consultation on Improving the Process of Death Certification:
Department of Health

About Cruse Bereavement Care

Cruse Bereavement Care is the major bereavement organisation, providing information, bereavement support and bereavement counselling throughout England, Wales and Northern Ireland. The organisation is a training provider to public authorities, other charities and businesses whose responsibilities bring them into contact with bereaved people.

Cruse Bereavement Care has **5,457** volunteers working through around **130** branches and areas throughout England, Wales and Northern Ireland.

Over **half a million** hours were given by volunteers in 2006-07.

In addition to supplying initial information and support to **87,386** enquirers, **22,751** clients were given face-to-face support by Cruse local services.

The Helpline is currently answering calls at a rate of almost **17,000** a year. Email support is becoming increasingly important, and **8,882** messages were responded to in 2006-07.

The rd4u message board for children and young people saw a **61%** increase in messages posted to almost **2,000**, and **1,314** children under 18 were supported by local services, an increase of **71%**.

As in previous years, the largest single group of clients was adults who had lost a parent, followed by adults who had lost a partner. Among our clients under 18, almost **60%** had lost a parent.

Whilst cancer is the commonest cause of death giving rise to bereavement among our clients, **sudden and traumatic death, caused by suicide, road and other accidents, homicide and disaster, represented a disproportionate share of the bereavements for which our clients sought support – about 12%.**

The majority of our clients – 63% – seek help within one year of their bereavement, but our support continues to be sought by bereaved people at any time after the death, with **3%** of clients receiving support more than 10 years after the bereavement.

Response to the consultation

General comments

Cruse welcomes the opportunity to take part in this important consultation.

We welcome:

The intention of the Department of Health to work with the Ministry of Justice to ensure that the responses to this consultation are considered in conjunction with the

two consultations of the Ministry of Justice covering the Cremation Regulations and Statutory Duty to Report a Death.

The proposed use of pathfinder piloting and further piloting. We consider it essential that community-based bereavement organisations such as Cruse Bereavement Care are involved in the piloting to ensure that the views and concerns of bereaved people continue to be represented and acted upon.

The aim to have the same certification requirements for burial and cremation. We assume that, translated into practice, this will provide an opportunity for bereaved people to put their questions and views about the cause of death, and to receive substantive responses.

The objective to achieve consistency in determining which cases are referred to coroners by doctors completing Medical Certificates of Cause of Death (MCCD). Our responses to these are attached for information.

We would like to make the following general points:

Information for bereaved people

We emphasise that changes in a system as sensitive as death registration need high quality advance publicity with good website information and leaflets available at all appropriate points – e.g. A & E Departments, Trust Bereavement Services, funeral Directors, etc.

Communication with bereaved people

We have no wish to be overly critical of any profession, but we owe it to the thousands of people who seek our help every year to be frank. We look to any new system to remedy the occasional injustices of current frameworks. We are aware of excellent practice by Coroners and their Officers, where immense trouble is taken to communicate with bereaved people, and to prepare them for what an inquest may involve. We are also aware of too much local variation in standards, and of occasional displays of arrogance and lack of consideration. Therefore, it is our hope that the office of Medical Examiner will operate to national standards with input from stakeholders, and local and national auditing and public reporting of the extent to which the standards have been met.

We understand that the installation of the office of Medical Examiner will render the proposed new Cremation Regulations obsolete. We note that the word “right” used in the website press release on Cremation Regulations does not appear in the consultation material on death registration.

*Bereaved families will have the **right** to inspect the medical forms of a deceased family member before cremation, under new proposals published today. The proposals are designed to help stop a repeat of the murders by Harold Shipman.*

(Ministry of Justice website, 16 July 2007)

Paragraph 5.4 of the proposed death registration system appears to have watered down this right:

The Medical Examiner will scrutinise the MCCD and investigate as necessary. This stage needs to be completed as speedily as possible to ensure minimum distress for families and to allow cremation or burial to take place as quickly as possible. It will include for example, looking at the deceased’s medical records and the results of

investigations, discussing the circumstances of the death with the doctor signing the MCCD and other clinicians involved in the deceased's care and, where necessary, with the family of the deceased.

as the language now seems to imply that the decision on whether a conversation with the family is necessary lies with the Medical Examiner, rather than being a right which the family may take up. We are questioning attitudes here, rather than indulging in semantics, and we hope that this issue will be picked up again in the Charter for Bereaved People being worked on as part of the Coroners' Bill.

Responses to specific questions

Q1. To avoid unnecessary delays, and upon receipt of authorisation from the Medical Examiner, would it be desirable to allow the deceased to be buried or cremated before the death is registered (as is the case now when the Coroner issues a cremation certificate or burial order)?

With deaths being referred to the medical examiner there is a significant risk of delays to burial or cremation. There is a delicate balance between providing reassurance to bereaved people and avoiding unnecessary delays for the burial or cremation, and this issue must be monitored during pilots.

We assume that the proposal to allow disposal before registration is designed to avoid delays for those bereaved people whose culture or faith requires a burial or cremation very soon after the death.

We would like to know: if disposal were to be allowed before registration, what would be the time limit within which the death should be registered? We would suggest that a month would be appropriate.

We suggest that pilots must fully take into account the risk that once burial or cremation had taken place that some registrations might not be carried out. How will cases be monitored to ensure that registration has occurred? Who will be responsible for doing this? Will there be sanctions imposed on bereaved people and will failing to register a death be a criminal offence? The risk of such consequences, which would bring the whole system into disrepute, must be carefully monitored during pilots.

Paragraph 5.6 states that the Medical Examiner has a duty to refer certain deaths to the coroner. A method is proposed to hopefully avoid unnecessary post mortem examinations. The Medical Examiner should provide a recommendation on whether or not a post mortem examination is likely to provide relevant information beyond that which is available from other sources. This is to be welcomed if it continues to be emphasised to bereaved people that the Coroner will decide whether there will be a post mortem examination.

Q2. In order to attract medical practitioners with the right level of expertise and experience, and also to maximise the flexibility of the service to minimise any delays to funeral arrangements, would it be desirable to appoint Medical examiners on a part-time basis?

We cannot make the connection between part-time Medical Examiners and avoidance of delay to funeral arrangements. We assume that the number of Medical Examiner hours per week will be calculated on the basis of death rates in each PCT

area. How might a part-time post avoid delays? – deaths will of course occur and require to be dealt with when the Medical Examiner is not available – this possibility increases if posts are part-time. If it is felt that individual PCTs might not justify a full-time post, then might it not be more viable to create a full-time post across more than one PCT area?

We are concerned that the role of the Medical Examiner should be deemed to be sufficiently important to attract high calibre candidates whether they are full time or part time.

The Medical Examiners need to be seen by bereaved people to be independent. Whilst we understand the proposal to link the Medical Examiners to the Clinical Governance system we ask that there is consideration in the pilots about how bereaved people can be satisfied about the independence of the Medical Examiner. Also consideration should be given to whether in appropriate circumstances, there should be an appeal process to allow families to question the findings of the Medical Examiner.

Q3. Would it be beneficial to co-locate Medical examiners with Coroners where this was agreed locally? If so, what would be the specific benefits?

We believe that the quality of the communication between the Medical Examiner and the Coroner is crucial. There is a need for good quality training and appropriate processes and protocols and regular review of practice. We do not believe that co-location necessarily improves the quality of the communication. We suggest that this issue is tested in the pilots.

Q4. Would it be appropriate and practical to have a professional line of accountability between the National Medical Adviser to the Chief Coroner and Medical examiners? What do you consider to be the advantages and disadvantages of this proposal?

We strongly support the professional line of accountability to ensure high levels of service. This should enable issues of national and local importance to be identified and remedied quickly. It could also give the Medical Examiner in a particular PCT access to other professionals including the National Medical Adviser. There may be appropriate circumstances where the individual Medical Examiner would need or want to discuss a particular case or cases with someone outside his or her PCT.

Q5. Would it be appropriate for Medical Examiners to be contracted to provide medical advice to Coroners in certain cases?

Yes as the Medical Examiner would have medical knowledge which could assist the Coroner. It is crucial that the Coroner has access to this medical knowledge. However the arrangements would need to be such that the work of the Coroner is not delayed because of inability to obtain advice from the Medical Examiner. The Medical Examiner needs to be committed to form good working relationships with local GPs, many of whom will have formed constructive professional relationships with the Coroner.

Q6. Are there circumstances where deaths are discussed with the Coroner unnecessarily and should, in the future, more appropriately be discussed with a Medical Examiner?

We do not have sufficient expertise to know in detail which deaths are currently discussed by doctors in the community and hospitals with the Coroner and how the role of the Medical Examiner would best avoid unnecessary discussions with the coroner under the proposed new system. We welcome paragraph 5.16 which indicates that as part of the piloting of the new system consideration will be given to whether some cases that are currently discussed informally with the Coroner should, more appropriately, be discussed with the Medical Examiner.

Q7. Is a qualifying period necessary to achieve the desired aim of ensuring the Coroner investigates appropriate cases?

We note that the Select Committee Report stated that “There is also considered to be a lack of adequate training in some pathology matters at medical schools.” It is important that this is improved, to support any changes to the 14 day rule, and to improve confidence generally.

We certainly believe that some distress is caused to relatives when, through the use of deputising services, or because of hospital shift systems, the relevant doctor is not available, even though the cause of death may be clear. We commend the practice at Birmingham NHS Trust, whereby for patients in the last phase of an illness, the expectation of death is noted in the patient record for handover, so that a doctor covering the weekend shift is able to ensure that the patient is seen, and that s/he is able to provide the certificate, if death occurs.

Unexpected deaths will always be more problematic. The GP member of our team has told us that: “The 14 day rule is somewhat arbitrary but we (GPs) have always had the option of speaking to the Coroner for advice and if we have not seen the deceased for longer than 14 days before death but have sufficient knowledge of the patient and the death then the coroner will give permission for us to issue a certificate; there is a box to tick indicating we have consulted with the coroner. “

In all such procedures, the procedure itself is never the whole story. Open, sensitive and considerate communication with bereaved families is essential.

Impact analysis – Cruse Bereavement Care

As the major bereavement agency, Cruse Bereavement Care will need to retrain our 5,500 volunteers and 100 staff in the changes. We receive many calls and enquiries from bereaved people about the procedures following a death, and great distress is caused if there is any difficulty in obtaining information or understanding regulations.

We will need to raise funds to meet the cost of this, and hope that this will be recognised in local and national funding frameworks.

The consultation and associated documents are on the Department of Health website here: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_076971