



Royal College of Nursing Response to Department of Health's Consultation on Death Certification Reforms

Consultation Questionnaire

Response to consultation: Improving the Process of Death Certification in England and Wales: Consultation on Policy and Draft Regulations

To help us put your responses into context we should be grateful if you would provide some basic details about yourself.

Name: Amanda Cheesley

Email: Amanda.cheesley@rcn.org.uk

Please choose the capacity in which you are responding:

- NHS / Social Care Organisation
- Professional and Regulatory Bodies
- Healthcare Professionals
- Religious Faith Groups
- Local / Central Government
- Funeral Industry
- Cremation and Burial Authorities
- Member of the public
- Other

If other, please specify...

If you are responding for an organisation, please say which one.

Royal Collage of Nursing

Please also say what your role is.

Professional Lead for Long Term
Conditions and End of Life Care

Summary of consultation questions

<p>Chapter 3 Questions Funding local medical examiners’ services in England</p>	<p>Response</p>
<p>Q1. Do you agree that an individual should be prescribed in legislation as being responsible to pay, or to arrange to have paid, the medical examiner fee?</p>	<p>Yes as long as they have the means to do this</p>
<p>Q2. Should the person prescribed be the individual that collects the MCCD from the medical examiner, or the death registration informant?</p>	<p>This would depend on whether t the person who has died has any relatives or if there are financial difficulties but suggest the informant</p>
<p>Q3. Should the regulations exempt an official or employee who acts as an informant, as being responsible to pay, or to arrange to have paid the medical examiner fee?</p>	<p>Yes</p>
<p>Should there be a 28 day or three month period for payment of the medical examiner fee?</p>	<p>Three months</p>
<p>Q5. The proposed model contract is to facilitate an agreement between a local funeral service to collect the medical examiner fee on behalf of a local authority, for a small administrative charge. The bereaved would see the fee itemised in the funeral director’s bill. As a funeral service provider would you be supportive of this proposed arrangement?</p>	<p>YES</p> <p>Tick one box please</p>

<p>Chapter 4 Questions Death certification regulations</p>	
<p>Q6. Do you believe the provision of “administrative and clinical information” set out in schedule 1 is necessary and sufficient for all deaths, either for a medical examiner’s scrutiny or for a coroner’s investigation? If not, what would you add or delete and why?</p>	<p>YES</p> <p>Tick one box please</p>
<p>Q7. Do you agree that the medical examiner should have discretion about whether an independent non-forensic external examination of the body is necessary?</p>	<p>YES/NO</p> <p>Please provide details:</p>
<p>Q8. In your view, are there sufficient safeguards if a person without a medical qualification but with suitable expertise and sufficient independence carries out a non-forensic external examination of the body on behalf of the medical examiner?</p>	<p>YES</p> <p>Please provide details:</p>
<p>Q9. Under regulation 26, do you agree that the medical examiner process should be suspended during a period of emergency?</p>	<p>NO</p>
<p>Q10. Do you agree that during a period of emergency any registered medical practitioner could certify the cause of death in the absence of a qualified attending practitioner?</p>	<p>YES</p>
<p>Q11. Are the proposed certificates and medical examiner</p>	<p>YES</p>

forms set out in schedules 2- 7 fit for purpose? If not, please say why.	Please provide details:
Q12. In relation to regulation 5 of the NME regulations, what other aspects should standards cover for monitoring medical examiners' levels of performance?	Please provide details:

Impact Assessment Questions	Response
Q13. Do you agree with the estimates of costs and benefits of the death certification reforms set out in the consultation impact assessment?	YES

Chapter 5 Notification of deaths to coroners' regulations Questions	Response
Q14. Do you agree that a death should be notifiable if it is "otherwise unnatural"?	YES/NO
Q15. Do you believe there is sufficient understanding between members of the medical and coronial professions as to the meaning of "unnatural" and that further definition is not required? If not, we would be grateful for suggestions as to what the guidance may include.	YES Please provide details:
Q16. Do you agree that provision needs to be made with regard to poisoning, given that cases of poisoning are rare?	YES

<p>17. Do you believe that “poisoning, the use of a controlled drug, medicinal product or toxic chemical” sufficiently covers all such circumstances of death? If not, should the guidance be broadened?</p>	<p>YES</p> <p>Please provide details:</p>
<p>Q18. Do you believe there is a sufficient understanding of “neglect”? If not, should this be made clearer in the draft regulations rather than guidance?</p>	<p>YES</p> <p>Please provide details:</p>
<p>Q19. Do you agree that regulation 3(2)(e) - “occurred as a result of an injury or disease received during, or attributable to, the course of the deceased person’s work” - is clear that it includes any death that has occurred as a result of current or former work undertaken by the deceased, including cases such as mesothelioma or other asbestos related cases? If not, we would be grateful for alternative suggestions.</p>	<p>YES</p> <p>Please provide details:</p>
<p>Q20. Do you agree that it should be possible to make notifications orally; but that where an oral notification is made the information must be recorded in writing and confirmed?</p>	<p>YES</p>
<p>Q21. Do you agree that regulation 3(6) should prevent duplication of notification? We would</p>	<p>YES/NO</p> <p>Please provide details:</p>

<p>be particularly grateful for views on how this would work in a surgical environment.</p>	
<p>Q22. Do you have any other comments about the draft Regulations?</p>	<p>YES</p> <p>Please provide details:</p> <p>We welcome the proposed changes in that they do provide more clarity and should help to improve the quality of the certification and therefore reduce the potential for undue distress for the bereaved. Having an independent Medical Examiner and removing the fees for cremation will provide a more consistent and transparent approach to certifying death and monitoring the causes, however:</p> <p>There is not sufficient acknowledgement of the current issues of capacity in ensuring there are enough medical staff available to provide timely certification. It would be useful to see plans of how further capacity will be developed</p> <p>There does not seem to be recognition of the nurses role in verification of expected death and consequently this is not reflected on the process flow chart.</p> <p>There needs to be clear written information that can be given to family / friends to explain the process.</p> <p>There is no direct mention of coroner's referral when deprivation of liberty safeguards are in place and whether this will continue. Currently this is preventing nurses verifying expected death in a number of regions in the country.</p>
<p>Q23. In relation to the guidance, do you agree with the examples used under each category of death? If not, we should be grateful for further examples or suggestions for definitions.</p>	<p>YES</p> <p>Please provide details:</p>
<p>Q24. Also in relation to the guidance, do you agree that no specific reference is needed as to whether certain deaths will be subject to jury inquests or not (such as those that have occurred under state detention)?</p>	<p>YES</p>

<p>Q25. Do you have any other comments about the guidance?</p>	<p>YES/NO</p> <p>Please provide details:</p>
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<p>Chapter 6 Questions Cremation regulations</p>	<p>Response</p>
<p>Q26. After the changes are brought in, there will be no provision for medical examiners to be involved in the certification of the cremation of body parts. Do you agree that the requirement to complete a statutory application form and provide a registration document and a certificate from the hospital trust or other authority holding the body parts will provide sufficient scrutiny prior to the cremation of body parts? If not, what further scrutiny do you think would be needed, in the absence of medical referees?</p>	<p>YES</p>
<p>Q27. Do you agree that this proposal will provide a sufficient level of scrutiny in stillbirth cases? If not, what further scrutiny do you think would be needed, in the absence of medical referees?</p>	<p>YES</p> <p>Please provide details:</p>
<p>Q28. Do you agree that investigation and clearance for cremation by a coroner provides sufficient assurance for cremation to take place without a further check by a medical referee based at the</p>	<p>YES</p> <p>Please provide details:</p>

crematorium? If not, what further scrutiny do you think would be needed, in the absence of medical referees?	
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