Confirmation of Death by registered healthcare professionals in Scotland – a framework for implementation of DL (2017) 9

This framework includes information on many elements relevant to confirmation of death for consideration by Health Boards and other organisations within Scotland who wish to develop or review policies for the confirmation of death by registered healthcare professionals.

It has been developed by a multi-disciplinary short-life working group (SLWG) to support implementation of the recent CNO letter (DL (2017) 9), and is intended as a guide for incorporation as deemed relevant within Board and organisational policies.

The framework is supported by local and national learning resources developed by NHS Education for Scotland (NES), NHS Boards and other organisations.

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1. Introduction and explanatory notes

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting, supported by integrated health and social care services. In the context of these policy aspirations and other societal developments, it is foreseeable that more people may choose to die at home or in a homely setting. This may bring challenges for multi-disciplinary health and social care teams to ensure that a timely response, to confirm that someone has died, takes place within an acceptable timeframe.

Whilst this framework may be helpful in reframing the approach to confirmation of death in the community context, its principles are equally applicable to the in-patient or hospital environment.

It is important to note that there are differences of approach to that taken in England, hence the need to set out in this framework the recommended elements for inclusion within the Scottish context, as laid out in the following paragraph.

This framework introduces or reinforces the following:

1. A change in terminology to use the phrase '**confirmation of death**' (instead of 'Verification of Death', 'Pronouncement of Life Extinct' or 'cessation of life')
2. Recognition that **registered health care professionals** can confirm death (rather than the previous restriction to registered nurses only)
3. and in **any circumstances** (rather than the previous restriction to 'expected' deaths only)
4. Registered healthcare professionals are able to confirm death, recognising their accountability and autonomy, and there is **no requirement for permission to be given** for a specified period of time by a registered medical practitioner
5. Should the healthcare professional not be present at the time of death, then information from **those who were present** may be taken into account when completing documentation
6. The healthcare professional confirming death **does not have to have known or treated** the deceased person in life

2. Background

The Chief Nursing Officer for Scotland issued a Director's Letter in May 2017[1] on the subject of 'verification of death by registered healthcare professionals'. This letter clarifies the professional and legal aspects of undertaking this role, and has the effect of rescinding any previous guidance on the subject issued in Scotland.

The letter clarifies that the ability to undertake such a role can be widened to include all registered healthcare professionals, and that this role can be undertaken in any circumstances. Previous guidance had limited the role to registered nurses only, and in expected circumstances only; these restrictions however are seen as unnecessary in relation to contemporary practice and the current context of care.

Confirmation of death is required so that the deceased may be removed to a suitable environment, such as a hospital mortuary or funeral home. Funeral Directors and hospital mortuary staff cannot facilitate removal of the deceased person until formal confirmation is received from a registered healthcare professional[2] that death has occurred.

[1] DL (2017) 9

[2] Police and Ambulance technicians in certain situations such as decapitation, decomposition and fire deaths, can confirm that death has occurred

Whilst staff will prioritise the need to attend to acutely ill patients, the avoidance of any undue delay in confirming death will minimise unnecessary distress for those who are bereaved, and if in a communal setting, to other patients, residents, visitors or other members of the public.

3. Definition

There are a variety of terms used to describe the process by which the absence of life is formally acknowledged, such as 'Pronouncing Life Extinct' (or PLE), 'Verification of Death' (or VoD) or 'cessation of life'. Any event with legalistic or medical overtones is often couched in terms that make sense to respective legal and medical professions but are less understood by, or relevant to, the people we serve, particularly in times of distress. Using language that is sensitive to the needs of others, and an awareness of the impact of that language, is therefore an important consideration for healthcare professionals.

Whilst healthcare professionals may be involved with death and dying on a regular basis, it should be remembered that for many members of the public, this may be the first or only time that they are involved in such an event, with the obvious possibility for personal distress. As healthcare professionals we should ensure that a person-centered approach is maintained, and that any actions should be undertaken in a way that aims to be supportive to the bereaved.

When reviewing or developing local policies, Boards and other organisations are urged to consider the use of the phrase '**confirmation of death**' which is easily understandable by lay and professional persons alike. As a literal definition it should more readily support the person-centered approach and reduce the medical or legal mechanisation of the process of death. However, PLE (used by Police Scotland) may need to be referenced to enable effective communication between professionals in different organisations.

4. Professional and legal considerations

The certification[3] of death remains the sole domain of a registered medical practitioner. However there is no restriction in law as to who can confirm death.

Healthcare professionals registered with a statutory regulatory body are expected to comply with standards of behaviour and education, and ensure that they have the knowledge, skills and competence for safe practice. Formal confirmation of death is a process that may be undertaken by suitably trained and competent **registered healthcare professionals**[4], and this will contribute to the provision of safe, effective and person-centred care.

Statutorily registered healthcare professionals are individually accountable for their practice, which is central to ensuring effective public protection and maintaining public confidence in the professions. As professional roles develop across the spectrum of health and social care, the scope of practice for healthcare professions is supported by the professional Codes of the statutory regulatory bodies.

The General Medical Council (GMC), Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) in their respective Codes expressly require that a registered healthcare practitioner should, within their scope of practice, ensure they possess the requisite skills, knowledge and experience to undertake any element of their role, and:

- 'You must keep your professional knowledge and skills up to date'[5]

[3] Certification of Death (Scotland) Act

[4] Does not include registrants of the Scottish Social Services Council (SSSC)

[5] *GMC Good Medical Practice (2013), s8*

- 'Maintain the knowledge and skills you need for safe and effective practice'[6]
- 'Complete the necessary training before carrying out a new role'[7]
- 'You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development'[8]

Professional regulatory bodies therefore do not place any restriction on the scope of practice, provided that the registrant is in possession of the requisite elements as noted above. Registered healthcare professionals should, where appropriate, be supported to develop new skills and competencies to enable the delivery of person-centred, safe and effective care, which can include the confirmation of death *in any circumstances.*

5. Education, technical skills and clinical knowledge

The knowledge and skills set required to confirm death build upon that already gained during education and training to become a registered healthcare professional.

Additional training and support should be made available for all registered healthcare professionals[9] who undertake confirmation of death. The identification of staff to perform the role will vary depending on the needs of each NHS Board or organisation, however a consistent approach should be taken to education in preparation for the role, and materials to support this are available from NES and other organisations.

Professional guidelines issued by the Academy of Medical Royal Colleges[10] provide a protocol for the clinical confirmation of death[11]; these are commended by the SLWG for inclusion in any local policy development, and to ensure that registered healthcare practitioners are trained and competent in relevant requirements of the guidelines. Care must be taken to ensure that a comprehensive and consistent approach to the process of confirming death is taken, and in particular the knowledge of potentially reversible causes of coma or apnoea.[12]

6. Record keeping and documentation

Confirmation of death should be recorded contemporaneously into the patient's or client's records, or into a form specifically designed for this purpose (exemplar at appendix 1). The actual time and date of death should be recorded if the healthcare professional was present when death occurred.

If the healthcare professional was not present when death occurred then information from others, such as family or carers, who were present at the time of death, may be taken into account and the time of death that they indicate can be recorded, together with the date and time the healthcare professional completed the absence of clinical signs tests. This will appreciate and acknowledge the input of family and carers, and will ultimately assist the certifying doctor in completing the Medical Certificate of Cause of Death (MCCD). The information may also be required to be shared with the police if the death is reported to them or the Procurator Fiscal.

It is good practice to record within the patient records or form designed specifically for this purpose:

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[6] *NMC Code, (2015), s6.2*
[7] *NMC Code (2015), s13.4*
[8] *HCPC Code (2016), s3.3*
[9] *Registered with the GMC; NMC; HCPC; GDC; GOsC; GCC; GOC; GPhC*
[10] *A Code of Practice for the diagnosis and confirmation of death*; Academy of Medical Royal Colleges (2008)
[11] Ditto, sections 2.2 and 3
[12] Ditto, section 5.2.3

- observations in line with a recognised protocol, such as that referenced above by the Academy of Medical Royal Colleges;
- time and date attended;
- the time and date that death was confirmed (subject to comments above);
- time and date or presumed death reported by witnesses;
- the time and date that the appropriate medical practitioner, and/or other clinical team members (i.e. palliative care community team) was informed;
- the time and date of any communications with other parties such as funeral directors or police, or internal mortuary staff if the death occurs in a hospital;
- the time, date and a summary of any communications with family or carers.

In the case of "expected" death, where someone has been diagnosed with a life-limiting condition, there will most often be a plan of care that is carefully communicated and co-ordinated between all team members and the family or relatives of that person. This plan should include details of any known advance statement, advance directive or welfare power of attorney.

In the circumstance of an "unexpected" death, the healthcare professional will use professional judgement to assess whether the initiation of life-preserving measures such as CPR should be attempted.

Whether in the case of "expected or unexpected" death, the most appropriate registered healthcare professional should attend to confirm the fact of death in order to ensure that any unnecessary delay or distress is minimised. This does not have to be someone who was familiar with the deceased or had treated them recently.

Information relevant to ensure the health and safety of other parties, such as Funeral Directors or hospital mortuary staff, must be specifically recorded and communicated. Where known, information related to hazards[13] e.g. indwelling medical devices such as pacemakers or any other implantable device, or to any specific infection control procedures (whilst maintaining confidentiality of personal details) must be effectively communicated by the healthcare professional confirming death.

7. Liaison with other healthcare professionals or agencies

Confirmation of death is the first step in a continuum of elements that will initiate further actions.

After the fact of death is confirmed, the attendant healthcare professional can, if appropriate, assist with care of the person after death, and then in communication with the deceased's General Practitioner or Out of Hours Service, family and the Funeral Director where relevant, for removal of the deceased person to a hospital mortuary or funeral home if relevant. The provision of support and information[14] to those who are bereaved is an important aspect of the role of the healthcare professional who attends to confirm death.

If the healthcare professional is made aware that the deceased had previously expressed a wish to donate tissues or organs, then the national tissue donor co-ordinator, who is available 24 hours and seven days per week, should be contacted on 07623 513987 for further advice[15].

[13] http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf (part D: DH1, 2, 3)
[14] http://www.gov.scot/resource/0041/00417212.pdf
[15] http://www.gov.scot/Resource/0053/00532253.pdf

It is the role of the police or the certifying medical practitioner to decide whether any report to the Procurator Fiscal service should be made, therefore effective written and verbal communication with the certifying medical practitioner is vital.[16]

If however the circumstances or context of the death give rise to immediate concern, then the registered healthcare practitioner should discuss the issues with a senior colleague or a medical practitioner. Following discussions, Police attendance may be required to provide support and advice[17].

8. Cultural, faith and spiritual beliefs

Scotland is a religiously and culturally diverse country and it is therefore important for all staff to be sensitive and ensure that any specific cultural, faith or spiritual beliefs or needs of the deceased and the bereaved are considered when carrying out processes around confirmation and certification of death (including care of the person after death). For example**,** staff can resolve potential issues arising from specific cultural, faith or spiritual needs by simply asking the next of kin what practices are important to them.

Health Boards have Spiritual Care Services, which are staffed by Healthcare Chaplains who are a good source of knowledge and experience on how to serve the needs of a multi-faith population. Chaplaincy teams help to facilitate spiritual or religious care for all, whatever their faith or life stance happens to be. Spiritual Care Service contacts are available on most NHS Board internet sites; an on-call chaplain can usually be contacted 24/7 via main hospital switchboards, and can act as a source of professional guidance to support the non-NHS sectors. In addition, there is guidance available for healthcare staff via NES[18]. All NHS Boards should offer access to interpreting services and it is essential to use these services when family or carers have difficulty communicating their needs.

In rare circumstances, for religious, cultural, compassionate or practical reasons, there may be a requirement for urgency in the provision of an MCCD by a medical practitioner; in this situation communication with the GP or medical practitioner on call will help support the required outcome.

9. Continuous improvement

Care and support for professional staff through the opportunity to reflect and debrief should be an integral element of professional practice, and this may be especially relevant when involved in the confirmation of death. The opportunity to improve through feedback and reflection and organisational clinical governance mechanisms will support continuous improvement in the review of the confirmation of death process.

[16] http://www.copfs.gov.uk/images/Documents/Deaths/Reporting%20Deaths%20to%20the%20Procurator%20Fiscal%202015.pdf

[17] http://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf

[18] http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care/about-spiritual-care/publications/a-multi-faith-resource-for-healthcare-staff.aspx

10. Reference materials and sources of support

http://www.sad.scot.nhs.uk/education-learning-resources/

https://www.nhsinform.scot/publications/when-someone-has-died-information-for-you

http://www.gov.scot/Topics/Health/Support-Social-Care/Bereavement-Care

http://www.gov.scot/Topics/Health/Policy/BurialsCremation/Death-Certificate

http://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf

http://www.gov.scot/Topics/Health/Policy/BurialsCremation/Death-Certificate/RapidProvisionofMCCDExceptionalCircumstances

http://aomrc.org.uk/wp-content/uploads/2016/04/Code_Practice_Confirmation_Diagnosis_Death_1008-4.pdf

http://www.copfs.gov.uk/investigating-deaths/our-role-in-investigating-deaths

Appendix 1: Confirmation of Death

Patients Name	
CHI Number	
Address	
Date of Birth	
Consultant / GP	

Clinical Signs	Initial Examination	Repeat Examination (after 5 minutes)
Absence of carotid pulse over one minute confirmed AND		
Absence of Heart Sounds over one minute confirmed AND		
Absence of respiratory sounds over one minute confirmed AND		
No response to painful stimuli (e.g. sternal rub) confirmed AND		
Fixed dilated pupils (unresponsive to bright light) confirmed?		
Time and date clinical signs noted to be absent	date	time

Place of Death			
Person present at death / person who found the deceased* (delete as appropriate).		Approximate time of death estimated by witness	

Clinical Information	
Is there a potential risk of transmission of infection?	Yes / Unknown / No
Is the use of a body bag required as per infection Control Policy?	Yes / Unknown / No
Are there any known hazards, indwelling medical devices, or equipment remaining with the deceased?	Yes / Unknown / No

Communication *(a summary can be provided here; more significant communication should be recorded in the patients notes)*			
Next of Kin present? If not have they been informed?	Yes / No Yes / No	If no detail reasons:	
Name of Person Informed		Date / Time:	
Relationship to Patient		Date / Time:	
Contact Details		Date / Time:	
GP / Consultant / Out of hours / Community Team / Funeral Director informed?	Person(s) informed:	Date / Time:	
Is there a requirement to inform Police Scotland / Procurator Fiscal?	If yes – give brief details:		

Registered Healthcare Professional Confirming Death		Designation:	
Name (Block Capital)		Signature	
Date		Time	

Appendix 2 Flowchart: Confirmation of Death