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Completing cremation forms: C114 a practical guide

Ian Proctor, Alison Winstanley

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Completing cremation forms: a practical guide

Introduction

Before a body can be cremated doctors must complete a series of lengthy forms better known as 'crem forms'. One doctor first completes a medical certificate (Cremation Form 4, previously known as 'Part B') while a second must complete a confirmatory medical certificate (Cremation Form 5, previously 'Part C'). These forms are then inspected by a third doctor, a medical referee, who issues an Authorisation of Cremation of Deceased Person by Medical Referee (Cremation Form 10).

This is a time-consuming and bureaucratic process and is due to be replaced in 2014 (see below). However, until then the completion of these forms ensures that only unsuspecting deaths are sent to the crematorium – it is never a good idea to burn the evidence following a suspicious death. In addition the physical inspection of the body and review of the medical notes which is central to this process should also prevent various medical implants from injuring or irradiating crematorium staff or causing explosions during funeral services.

This article provides a practical guide to completing cremation forms.

Your role

As a junior doctor or core trainee in a hospital post you will only be asked to complete Form 4s. Typically cremation papers are completed at the same time or shortly after the Medical Certificate of Cause of Death. Well-organized patient affairs teams will try to get you to complete both at the same time but this is not always the case or indeed possible. Invariably you will

receive a call from patient affairs when you are either very busy dealing with the medical problems of the living or just as you are leaving to go home after a particularly long night shift.

While it is tempting and potentially justifiable to put cremation papers at the bottom of your to-do list, significant delays will only add to the misery of relatives, many of whom will have travelled a long distance to collect this vital piece of paperwork. It is also important not to forget that these same relatives will be paying handsomely for a service that only you can provide.

Are you the best person to complete the form?

As a core trainee you are eligible to complete Form 4 – a minimum requirement is that you have provisional General Medical Council registration, so you cannot delegate the task to a keen medical student. Next, you must have cared for the deceased during his/her terminal illness and done so for a 'reasonable' length of time – 24 hours is usually considered the minimum time. This is important as you will need to have a fairly good understanding of what was wrong with the deceased, what happened to him/her and why he/she died. If you lack this firsthand knowledge you should reconsider completing the cremation form. Having said that a pragmatic approach is often required, especially in the age of shift working. If you are unsure about some of the events leading to death there is no harm in discussing them with more senior members of your team before completing the form.

If one of your patients dies within 24 hours of admission to hospital you should always consider referring the case to the coroner (Sekar and du Parcq, 2013). However, a significant number of patients who die within 24 hours of admission are elderly and/or have a long-standing terminal illness. In such circumstances a referral to the coroner may be inappropriate. A discussion with the deceased's GP may enable you to complete the Medical

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Certificate of Cause of Death and/or cremation papers, or better still the GP may elect to do it especially if he/she has seen the deceased regularly before the patient's death.

You may be asked to fill in a cremation form after the Medical Certificate of Cause of Death has been completed by someone else – usually another member of your team. This is perfectly acceptable but the same rules apply and you must be happy with the cause of death given on the Medical Certificate of Cause of Death.

Lastly, do not complete the cremation form if you are en route to the airport for a well-earned holiday – if the second doctor is unable to contact you to discuss the case a new form will need to be completed resulting in delays and general upset.

Completing the form

Two simple rules to start – complete all the questions and do so in your best handwriting – these are the two most common reasons why the forms are rejected.

Next make sure you have enough time – Form 4 is 7 pages long and comprises 23 questions.

Most of the questions are straightforward but some can trip the unwary:

Question 5: were you the deceased's usual medical practitioner?

This is almost always the patient's GP. Only consider putting your consultant's name if the patient is not registered with a GP and/or the patient was well known to your consultant.

Question 8: when did you see the body and what examination did you make?

If you confirmed the death yourself then put down the time and date of death and what examination you made to confirm death (e.g. assessment of respiration, pulse, pupils). If you were not present at the death you must examine the body (*Table 1*). Ideally see the body on your way to patient affairs but if this is not possible you must go to the mortuary immediately after you have completed the cremation form. Funeral directors are very efficient and if you delay seeing the body it may be gone by the time you make it to the mortuary

– great opportunity for further delays and calls from the General Medical Council.

When you see the body (*Table 1*) you must confirm the deceased's identity (check both name tags) and check for respiratory and cardiac activity – patients have been known to regain consciousness in the mortuary. Check that there is no significant traumatic injury evident externally – if there is this case should be referred to the coroner. Finally check for the presence of a pacemaker. Most are located just inferior to the left clavicle, but they can migrate down the chest wall or even into the armpit, and in some patients they are on the right side.

Question 9: describe the symptoms and other conditions that led to your conclusions about the cause of death

You are given a large box to complete this section and you are expected to give a fairly detailed account of the patient's admission, treatment and ultimate demise. If you knew the patient well then answering this question should be straightforward. If not jog your memory by reviewing the hospital notes, blood results and scans.

Question 10: has there been a hospital post mortem?

Non-coronial/hospital post mortems are increasingly rare these days. However, if one has been performed then make sure you incorporate the findings on the form. Post mortem reports can take a few days or weeks to complete so to avoid delays you may need to contact the pathologist – it is unacceptable to answer this question 'result to follow'.

Question 11: what was the cause of death?

Hopefully the same as that on the Medical Certificate of Cause of Death (unless there has been a hospital post mortem – see above). If your conclusions differ from those of the doctor who completed the Medical Certificate of Cause of Death then you should contact that doctor and consider re-writing the certificate. However, never be swayed by the opinion of another doctor as you will always be asked to justify your own opinion and not theirs.

Questions 12 and 13

Questions 12 (Did the deceased undergo any operation in the year before their death?) and 13 (Do you have any reason to believe that the operation(s) shortened the life of the deceased?) can be a minefield as deaths associated with surgical procedures frequently go to inquest. Answering these questions is becoming difficult because of the increasing complexity of surgical techniques combined with many doctors' relative lack of surgical exposure. Furthermore, many deaths may be only indirectly linked to previous surgery and there may have been multiple procedures. If you are unsure then seek advice from your senior colleagues, including the Form 5 doctor, and always discuss these cases with the coroner's office.

Questions 14, 15 and 16: who was nursing the deceased or present at his/her death?

When recording this bear in mind that the Form 5 doctor will need to contact these people, so make sure you write their full name(s) and which ward(s) they work

Table 1. Examination of a body in the mortuary

Introduce yourself to the mortuary technician (have your ID badge to hand)
Identify the correct fridge with the mortuary technician and double check there are no other patients with a similar name
Wear gloves when examining the patient
Identify the patient using the wrist and/or ankle bracelets. It is also useful to observe other identifying features such as recent operative scars or jaundice
Check for respiration or pulse – patients have been known to wake up in the mortuary
Examine for a pacemaker even if there is no mention of one in the notes. These are typically located just inferior to the left clavicle. However, they can be on the right side and they can migrate into the axilla or down the chest wall so check these areas too
Thank the mortuary technician

on. Ward sisters are best; avoid listing agency staff.

Question 19: have you any reason to suppose a further examination of the body is desirable?

If you consider this a possibility then make sure you discuss it with your team and with the coroner's office.

Questions 20 and 21: have you informed the coroner about the death?

There are many reasons why you might want to inform the coroner about the death – for a detailed discussion on this subject see Sekar and du Parcq (2013).

The statement of truth

On the final page you need to state that the information you have provided is accurate to the best of your knowledge. You must provide your details: name, address (you can use the hospital's address), your qualifications and your General Medical Council number (worth memorising). You must also provide a contact number – a minor request but probably the single most common cause of delays and frustration. In the age of shift-working it is always best to put down your mobile number and your bleep if you carry one. Inserting the hospital switchboard number will not endear you to the Form 5 doctor.

Form 5: the confirmatory medical certificate

This form can only be completed by a doctor who has been fully registered for at least 5 years. Furthermore, this individual must have no relationship, professional or personal, to either the doctor who completed Form 4 or the deceased. It is typically a doctor who works in the same hospital as the Form 4 doctor but who is not on the same firm or team. Patient affairs usually have a small list of doctors they call to complete Form 5s. If you wish to join this list you just need to ask them and give them your mobile/bleep number. Bear in mind that once you have volunteered you should initially accept as many of their requests as possible otherwise you will quickly find yourself side-lined. As with Form 4, you should aim to complete these forms as quickly as possible.

While Form 5s are often viewed as a 'nice little earner', they take time to complete properly and require you to take on considerable responsibilities. Your key role is to confirm that the cause of death in Form 4 is correct. In order to reach this decision there are several things you should do:

1. Read Form 4, especially the answer to question 9 (see above). You should also review the medical notes if they are available. This allows you to reach your own conclusions rather than those based on information provided by the Form 4 doctor who is typically more junior than you.
2. Review recent blood results, pathology reports and imaging. This will help confirm your findings especially if the cause of death is stated to be a myocardial infarction (e.g. raised troponin T levels), carcinomatosis (e.g. carcinoma in a core biopsy from a liver lesion) or a haemorrhagic stroke (e.g. computed tomography scan of the head).
3. Next you must discuss the case with the Form 4 doctor. Ideally this questioning should take place face-to-face, but this is often not possible and is commonly done over the phone. It is a good idea to let the Form 4 doctor explain how he/she formulated the cause of death and then ask any confirmatory questions. If you are happy then you can proceed to complete the rest of the form. If you disagree with the cause of death you can record your own cause of death (Form 5, question 7) as long as you specify why they differ. This is unusual and best avoided (see below).
4. You are also required to speak to at least one other individual who cared for the deceased, typically another doctor in the team or a senior nurse (Form 5, questions 2–5). You can discuss the case with the relative but this is rarely required or done. Discussing the case with a second more senior doctor (specialist trainee or consultant) will usually resolve any disagreements over the cause of death (see above).

Once you are happy with the cause of death you need to record this on Form 5 (question 7). As you were not present at the time of death and did not know the patient you must examine the body of the deceased in order to confirm the identity and that the patient is dead. The format of

this examination is described in *Table 1* and is documented in your answer to question 6 of Form 5. Finally, you will need to complete a statement of truth in which you record your contact details, qualifications and General Medical Council number.

Right of inspection and confidentiality

A recent change in the law means that the 'applicant' seeking permission to cremate the body has the right to inspect the form. However, you still have a duty of confidentiality to the deceased. Therefore, if the deceased provided information to you in confidence this should not be disclosed to the applicant. This information is most likely to feature in your answers to questions 9 and 12 and in such circumstances it should be made available to the Form 5 doctor and medical referee on a separate piece of paper which is placed in a sealed envelope, marked 'confidential' and attached to Form 4.

Contacting the coroner

The coroner can be a very intimidating figure but do not panic because you are unlikely to talk directly with him/her. Rather you will speak to one of his/her officers, usually retired police officers. They are very experienced and most are very willing to help you especially if you treat them with respect and are clear why you are contacting them. However, beware: (a) they are not medically qualified and so any medical decisions must be yours and yours alone, (b) they are the guardians of the coronial service which has limited resources and will be resistant to accepting cases requiring a costly and time-consuming coronial post mortem and/or inquest without good reason – so be prepared to argue your case if you have any concerns about a death.

Ash cash

Doctors currently receive £76 each for completing Forms 4 and 5. Considering that most forms will only take you 15–30 minutes to complete this is not a bad rate of pay – so make the effort to complete it accurately and in a timely manner. The family of the deceased pays for the form. The fee is included in the funeral directors bill and you will receive a cheque directly from the funeral director. This has

two important consequences: (a) if you chose not to accept the payment the funeral director may profit not the family, (b) you need to declare these additional earnings to the tax man – cheques are very traceable and HMRC takes a very dim view of tax avoidance. Some hospitals and departments organize this money to pass into untaxed funds earmarked for the benefit of general medical purposes rather than into your pocket.

The end is nigh?

You may have heard of the Shipman Inquiry and resulting reforms to the process of death certification (see *Further reading*). Under the new proposals all completed Medical Certificates of Cause of Death will be subject to scrutiny by newly created medical examiners. Medical examiners will review the medical notes and may discuss the case with you. If the medical examiner decides that the death needs to be reported to the coroner he/she will complete a new form, the ME-2. This key form will not only authorize registration of the death but will also authorize funeral directors to prepare the body for cremation. As a result

Forms 4, 5 and 10 will no longer be necessary. Before you rejoice, however, the new system, which was due for implementation in April 2013 has already been delayed until 2014. So watch this space. **BJHM**

Conflict of interest: none.

Sekar T, du Parcq J (2013) When and how does one refer a death to the coroner? *Br J Hosp Med* 74(7): C102–3

Further reading

Coroners and Justice Act 2009 (www.legislation.gov.uk/ukpga/2009/25/contents accessed 10 July 2013)

Department of Health (2012) Death certification reforms in England and Wales update for coroners. www.gov.uk/government/publications/update-for-coroners-on-death-certification-reforms (accessed 10 July 2013)

Ministry of Justice (2011) Cremation guides. www.justice.gov.uk/coroners-burial-cremation/cremation (accessed 10 July 2013)

KEY POINTS

- Do not delay completing cremation forms – this can delay funerals and upsets relatives.
- Answer all the questions and write clearly.
- If you did not confirm the death yourself see the body as soon as possible and do not miss a pacemaker.
- If you did not write the death certificate do not assume the cause of death is correct – read the notes yourself.
- Provide a contact number(s) for the second doctor to use – mobile and bleep are best – they will call you.
- If you are unsure about your answer(s), especially if you think you need to refer the case to the coroner, ask someone – senior members of your team, the form 5 doctor and/or the coroner's officer.
- Avoid sleepless nights by declaring your ash cash.
- Watch out! Medical examiners are coming.

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