Tying the knot: helping patients who want to get married in hospital

When faced with a serious or terminal illness people may want, for practical or emotional reasons, to get married to their partner. This article gives guidance to health-care professionals about their role in helping to organize weddings and civil partnerships for patients who are terminally ill and too unwell to leave hospital.

There were 247 890 marriages and 6795 civil partnerships in England and Wales in 2011, increases of 1.7% and 6.4% respectively from 2010 (Office for National Statistics, 2012, 2013). Of the unions which took place in 2010, 441 were conducted in hospitals or hospices where one of the parties was terminally ill under the provisions of the Registrar General's Licence.

Under the Civil Partnership Act 2004, civil partnerships give same-sex couples almost all the rights and responsibilities of civil marriage. Following the recent Marriage (Same Sex Couples) Act 2013 those registered in civil partnerships in England and Wales are able to convert their partnership into a marriage, affording them exactly the same rights and responsibilities as civil marriage. For the purpose of this article marriage and civil partnership will be referred to jointly as marriage.

Why do people choose to get married when they are seriously ill?

There are varied reasons why seriously ill patients may choose to marry (*Table 1*). Patients who have a serious illness and are not expected to recover often reminisce and reflect on the meaning of their lives. They will often choose to set goals of achievements they want to accomplish before they die. Helping patients to achieve these goals through addressing symptom control and providing a supportive environment should be considered an important component of palliative care (Arthur et al, 2012).

Unmarried cohabiting couples in England and Wales are not considered equal to married couples in the eyes of the law even if they have children together. If somebody dies without writing a will (intestate), according to the rules of intestacy, only married or civil partners and some other close relatives can inherit. Unmarried partners or lesbian or gay partners who are not in a civil partnership have no right to inherit when the deceased has not left a will. There are also tax benefits of marriage; spouses or civil partners can transfer assets to each other without incurring capital gains tax and there is also no inheritance tax to pay when leaving money to a spouse or civil partner.

In addition to the tax benefits, being married at the time of death means the surviving partner may be eligible for bereavement benefits, providing the deceased had made sufficient national insurance contributions. Applications for these benefits should be made via the Department for Work and Pensions (Department for Work and Pensions, 2013).

Bereavement benefits are not means-tested. They include:

- Bereavement payment – a one-off tax-free payment, currently £2000*
- Bereavement allowance – for those aged 45 years or over when bereaved. This weekly benefit is based on the widow's or widower's age and can be as much as £108.30 per week and is paid for up to 52 weeks
- Widowed parent's allowance – a weekly benefit of up to a maximum of £108.30* for persons with children which can be paid until children are 20 years of age, if in full time education, and the parent does not remarry or cohabit.

There are no equivalent bereavement benefits that unmarried or lesbian or gay partners not in a civil partnership can apply for. Pension schemes are also more likely to make payments to a surviving spouse than an unmarried partner following death.

Table 1. Some reasons that people who are seriously ill choose to get married

Emotional importance
Giving purpose
Symbol of love
Already planned but bringing date forward
Parental responsibility for children
Ensure inheritance, where there is no will
Access to certain social security benefits

*Amounts correct at time of writing

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There are some situations where patients may choose to get married for the sake of their children, to ensure that the surviving partner assumes parental responsibility following the death of the patient. Parental responsibilities for children and the acquisition of parental responsibilities after the death of one parent are set out in the Children Act 1989. For example, if the father is not named on the birth certificate and the parents are unmarried then only the mother will have parental responsibility and the father will not automatically assume parental responsibility if the mother dies unless the parents get married. In cases such as these it is important that the terminally ill parent signs a re-registration application form (form LA1 obtainable from the local register office) after getting married in order that the surviving parent can then re-register the children. The re-registration can be done after the spouse has died.

Duty of health-care professionals

While the decision to get married is very personal and one that patients and their partners will have to make for themselves, they will often turn to the health-care professionals involved in their care for help and advice when it comes to deciding if it is appropriate to apply for a Registrar General's licence and to help them to organize a wedding without delay.

Some patients or their partners may broach the topic of getting married with their health-care professional of their own accord while other patients will not have given it any thought or may not realize how unwell they are. It is the duty of health-care professionals to be open and honest with patients. In this context this may include sharing with patients that they may not recover from their illness to be discharged from hospital and making them aware that it is possible to organize marriages or civil partnerships in a health-care setting and answering, or striving to find the answers to, the questions they may have. The *case study* shows an example of a wedding conducted in hospital under a Registrar General's licence.

End of life care has become a health-care priority with several key papers by the Department of Health outlining the importance of advance care planning and high quality end of life care (Department of Health, 2008; General Medical Council, 2010; National End of Life Care Programme, 2011). The major focus of these strategies is within the community, with incentives and support through processes including the Quality and Outcome Framework and Gold Standards Framework (Health and Social Care Information Centre, 2011; Gold Standards Framework, 2013). Nevertheless, all health-care professionals have a duty to engage when appropriate with terminally ill patients about advance care planning. This may include decisions regarding preferred place of care, resuscitation and even legacy work. A patient's decision about whether or not he/she would want to get married to a partner could be considered part of advance care planning and, from the authors' experience, such decisions are often prompted during a hospital admission, especially if the admission was associated with significant news regarding disease progress. It is important that health-care professionals share their concerns regarding short prognosis with patients if they believe that information would influence decisions patients may make about their future, including whether to get married, or to bring a wedding forward, if they are not already married.

Case Study

Mrs X was a 34-year-old woman who had been in a relationship with her partner for 12 years. They had two children together, a 10-year-old daughter and an 8-year-old son.

She had been diagnosed with breast cancer and bone metastases at the age of 32 years, and had then developed widespread lymph node disease, liver metastases and brain metastases.

She had been an inpatient at the regional cancer centre for 3 weeks where she had been admitted for pain control. During the admission her clinical condition deteriorated and she developed severe right upper quadrant pain which was thought to be secondary to acute haemorrhage of a liver metastasis. At this point she was commenced on a continuous subcutaneous infusion of diamorphine, midazolam and ketamine.

In conversation with the patient and her partner the authors (who were her palliative care team) learnt that they were planning on getting married later in the year. As her condition was deteriorating the team was concerned that she might not survive the admission and especially not 8 months until the planned wedding. The palliative care team sensitively raised the concerns with Mrs X and her partner. The team were able to provide them with a locally produced patient information leaflet on 'Weddings and civil partnerships' at the hospital and after much discussion they decided that they would like to get married in the hospital. Getting married was particularly important for them both but also for the sake of their children.

The marriage was arranged through a Registrar General's licence and took place the following day in the hospital prayer room with both their children in attendance. The ward staff were all involved in the preparations and threw a party for the newly-weds following the ceremony. Her husband stayed in hospital with her that night.

Her condition stabilized enough over the following week to allow her discharge home where she died a few weeks later.

Registrar General's licence

The Marriage (Registrar General's Licence) Act 1970 allows a licence for the 'solemnising' of a marriage to be granted when one of the persons to be married is seriously ill, is not expected to recover and cannot be moved to a place at which, under the provisions of the Marriage Act 1949, the marriage could be solemnised.

A marriage under the Registrar General's licence may be by civil ceremony or according to the rites of any non-Anglican denomination or according to the usages of the Jews or Society of Friends. However, the Registrar General cannot grant a licence for a marriage to be solemnised according to the rites of the Church of England or the Church in Wales. Where parties meet the above criteria and wish to be married by an Anglican officiate they will need to apply to the Archbishop of Canterbury for a special licence which is issued from the Faculty Office in London. This can also be arranged urgently and out-of-hours if necessary.

The main advantages of a Registrar General's licence over a normal marriage licence are that it can be granted quickly and that the couple do not need to get married in a place registered for marriages. A normal marriage licence requires a 15-day notice period, whereas a Registrar General's licence can be granted within a few hours, regardless of the time of day or day of the week. A marriage or civil partnership ceremony conducted under a Registrar General's licence can take place anywhere within a hospital or hospice, e.g. hospital chapel (as long as it is not a consecrated chapel), day room or patient's bedside.

If a patient is terminally ill but does not meet the criteria for application of a Registrar General's licence, i.e. is physically able to move from the current place of care, then it is not possible to arrange the wedding under the provisions of this special licence. Under these circumstances both parties will be required to attend the register office in person to give notice of marriage and they can then be married in any place registered for marriages after the 15-day period. If during the 15-day notice period the patient's condition deteriorates to the point that he/she cannot be moved from his/her home an application for a Registrar General's licence can be made to be granted immediately.

Practicalities of organizing

In terms of the role of health-care professionals in helping to arrange weddings for terminally ill patients the first step is that the doctors caring for the patient need to agree that the patient is terminally ill, cannot be moved from his/her current place of care, is not expected to recover and is assessed as having capacity to understand the nature and purpose of marriage. A letter stating that these criteria have been met will need to be completed by a registered medical practitioner following the exact wording set out in the Marriage (Registrar General's Licence) Act 1970 (*Figure 1*).

The partner who is well will need to attend the register office in person to present the required identification documents (*Table 2*). The required documents include proof of name and proof of address, the letter completed by a registered medical practitioner and documentation to prove both partners are free to marry, i.e. decree absolute or death certificate if either had been previously married but since divorced or widowed.

Once the superintendent registrar is satisfied with the documentation he/she will then request a licence from the Registrar General. Once the licence has been granted the ceremony can be performed at any time of day but must be within 1 month of the licence being issued. The cost of a Registrar General's licence is kept to a minimum and at the time of writing was £19 (£15 for the licence, £4 for the certificate and no charge for conducting the ceremony).

Organizing such weddings is not a common occurrence and as such health-care professionals called upon to advise and help to arrange may not be familiar with the process, which may need to occur promptly and potentially out-of-hours. In recognition of this, locally, the authors have produced guidance for health-care professionals which outlines the process, a template letter for the register office and the in-hours and out-of-hours contact details for the local register office. They have also produced a patient information leaflet addressing the questions frequently asked by patients and their partners in this situation. Feedback from health-care professionals who have used the guidance suggests that it is easy to follow and that it reduces stress levels when time is of an essence.

Conclusions

The diagnosis of a terminal illness will often trigger patients to examine their lives and set goals they wish to achieve before death. The patient will often turn to a health-care professional for advice, and the health-care

Figure 1. Example of the letter a registered medical practitioner needs to issue before a Registrar General's licence can be issued. It is important that these exact phrases are used.

Dear Sir / Madam,

Re: patient's name, address and DOB.

I confirm that I am the medical practitioner in medical attendance upon…..

I confirm that …..... is seriously ill and not expected to recover.

I confirm that …..... is too ill to be moved to a place registered for marriages.

I confirm that ……..…..... understands the nature and purport of the marriage ceremony.

Name:

Signed:

Medical qualifications:

GMC number:

Address:

Date:

Table 2. A list of the identification documentation that the superintendent registrar will need to examine before issuing a Registrar General's licence

Essential register office documentation checklist:
1. Letter from registered medical practitioner confirming that the patient is seriously ill, not expected to recover and cannot be moved to get married (original copy, as shown in *Figure 1*)
2. Proof of name, age and nationality for both parties (either passport or full birth certificate together with UK driving licence or medical card)
3. Proof of address for both parties (e.g. utility bill)
4. Decree absolute or death certificate if either or both parties have been married previously

professional may be unsure how to answer these queries. A suitable starting point, with reference to getting married, would be to use this article and selected references to develop a resource pack for use locally. BJHM

KEY POINTS

- Patients at the end of life will often choose to evaluate what's important in their life and may choose to get married to their partner.
- In addition to the emotional benefits there can be significant financial benefits for the surviving partner if the couple are married at the time of death.
- A terminally ill patient in hospital who is not expected to recover and is not well enough to be moved elsewhere can get married in hospital under the provisions of a Registrar General's licence.
- Health-care professionals have a role to play in supporting terminally ill hospital patients who wish to get married in hospital; this could include providing accurate information on the practicalities and a letter to the superintendent registrar to allow the licence to be granted.

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