

Working in partnership for excellence in General Practice

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Hertfordshire Subcommittee

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To: All Nursing and Residential Care Homes in Luton, Bedfordshire and Hertfordshire

13th May 2015

Dear Sir/Madam

Re: The role of the GP when a patient dies

I am writing on behalf of the GP practices in Bedfordshire and Hertfordshire regarding the procedures relating to the death of a patient under your care. I hope that this information will be helpful for you, your staff and the families of your patients.

GPs' duties when a patient dies

Under English law,

- GPs are <u>not</u> legally required to confirm death has occurred or that "life is extinct"
- GPs are <u>not</u> legally required to see the body to *certify* death (i.e. before issuing a death certificate)
- GPs <u>are</u> legally required to see the body before signing a cremation form.

According to the CQC website (see <u>http://www.cqc.org.uk/content/gp-mythbuster-13-who-can-diagnose-death</u>), if the death was expected then any competent adult can diagnose death and there is no need to call a doctor just for this. This view is shared by members of the Local Medical Committee and we wanted to point this out to you. While many GPs will respond to such a call they have no legal requirement to do so and there may be times when they have to prioritise the needs of their living patients.

If a patient in your care dies, and the death was expected, you should notify the patient's GP as soon as possible. Although they have no legal requirement to see the body before completing the death certificate, usually the GP will attend as soon as it is practicable to do so. However, they need to prioritise the needs of their living patients and so may not be able to attend as a matter of urgency.

If the death is expected and occurs in the evening or at the weekend, there is no need to call the out-of-hours doctor as there is little that they can do – they would be unable to *certify* the death as they are not the patient's usual GP. The advice of the British Medical Association (BMA) is that the home should report the death to the out-of-hours GP service, and the out-of-hours GP can advise the home to contact a local undertaker if they wish the body to be removed and held locally until the patient's registered GP is able to attend to issue the death certificate and cremation form (if required).



If a patient in your care dies unexpectedly, then although it is not legally required for the GP to examine the body and confirm death the BMA recommends that the patient's GP does this, as soon as it is practicable to do so after prioritising their living patients. If the unexpected death occurs out-of-hours then it would be appropriate to call the out-of-hours GP service rather than the emergency services.

Funeral arrangements

The patient's usual GP must see the body before signing part I of the cremation form. A second doctor (who can be any doctor) also has to sign part II of the cremation form after seeing the body and after having a conversation with the GP who signed part 1. Both doctors have to sign to say that they have seen the body.

The family of the deceased may wish for the body to be moved nearer to where the family lives in order to make funeral arrangements. Please remind them that if the relevant paperwork has not been completed before the body is moved, and the body is taken outside of the GP's usual practice area then the GP will not be able to travel to see the body. The GP has an obligation to prioritise his or her living patients and so is unable to spend time travelling further afield. If the body has been moved, the GP would ask the funeral director to bring the deceased back to a local funeral parlour so the GP is able to complete the formalities. This usually causes distress to the family, unnecessary delays (resulting in delays in registering the death and making the funeral arrangements) and extra expense to the family as the funeral directors may charge for this.

It is therefore far preferable that the family understands this and has the option of making arrangements with the funeral director to take the body to a local funeral parlour to be held there until the paperwork can be completed. Most funeral directors will have some sort of reciprocal arrangements with colleagues to do this.

Do Not Attempt Resuscitation forms

We are aware that some ambulance staff will not accept DNAR forms that do not have a red border. We have, in writing, confirmation from the Ambulance Trust that "DNACPR forms which are not in colour can be accepted in black and white ... and are valid as long as they are the original patient copy form with the original SRO signature." If you have a situation where a member of the ambulance service will not accept an original form because it is black and white, please let me know and we will take this up as a serious untoward incident.

I hope that this information will be helpful for you and your staff in understanding GPs' obligations and ways of working. Please contact me if you wish to discuss any of this further.

Yours sincerely

Dr Peter Graves FRCGP Chief Executive