

Procedure to:

Complete the Medical Certificate of Cause of Death (MCCD) and Part one of the Cremation Papers including role of doctors, ward staff and Bereavement Office staff.

Discussions of Post Mortems

Viewing of the deceased.

1: Responsibility for completion of the MCCD and Cremation Papers:

The responsibility for ensuring that the MCCD and part one of the cremation paper is completed rests with the medical team who treated the patient whilst alive. The amount of time to complete both can take some time but is part of the responsibility of the medical team in completing their care of their patients.

The particular role of the Bereavement Office is to support the process with the doctors involved in ensuring that the MCCD is completed and to liaise with relatives to collect the completed MCCD.

2. Procedure for completion of the MCCD by a doctor when a death occurs:

1: During weekday office hours:

- a. If a patient dies during a weekday 0800 – 1600hrs the medical team looking after the patient will decide which doctor should report the death. The doctor concerned will phone the Bereavement Office stating that they are the doctor who will be coming to the office and when they are likely to get to the office during the hours of 0830 – 1500hrs..

2: Out of hours or at the weekend:

- a. At the morning and evening Hospital At Night handover all deaths will be mentioned and it will be decided which medical team has the responsibility for reporting the death. The medical team will then decide which doctor should report the death. It will be the responsibility of the medical team to contact the Bereavement Office to inform them which doctor will be reporting and when they will be able to get to the Bereavement Office.

- 3. Role of the medical team in completing the MCCD:**
 - a. Dependent upon the suspected cause of death the medical team will need to decide who is the most appropriate doctor to complete the MCCD. If this task is to be given to F1 and F2 grades they may need a lot of guidance from the SHO and Registrar in order to discuss the case if it needs to be reported to the Coroner.
 - b. Whilst it is recognised that doctors who see patients will not know that they are going to be the last doctor to see a particular patient alive they should at all times sign and print their name and leave the bleep number after their entry in a patient's notes.

- 4. Role of medical staffing:**
 - a. Medical staffing should inform the Bereavement Offices at RSCH and PRH of doctors rotas and bleep numbers. They must inform the Bereavement Offices of any changes.

- 5. Role of Ward staff:**
 - a. Wards are to phone the Bereavement Office at any time of the day or night to inform the office that there has been a death. The ward need to give the following information:
 1. the name of ward and staff member leaving the message.
 2. the name of the patient
 3. the time and date when the patient died.
 4. Ward staff will arrange for any remaining property of the deceased is sent to the Bereavement office. Ward staff need to ensure that the deceased's property is presented appropriately, labelled correctly and soiled clothing placed in a separate bag within the bag of property and clearly labelled as soiled.

- 6. Role of Bereavement Office staff:**
 - a. At RSCH:

Each morning the Mortuary will complete the form listing each patient who has died and fax it to the Bereavement Office. All names of the deceased who were not on the previous mornings list have not previously been reported to the Bereavement Office must be included.
 - At PRH:

The Bereavement Officer will collect the names of the

- deceased from the switchboard office.
- b. The Bereavement Office staff will look through the notes of each patient and contact the doctor who last saw the patient alive and ask them to come to the Bereavement Office preferably before 1200hrs and certainly no later than 1400hrs. Later than 1400hrs would mean that the doctor would not be able to report to the coroner if necessary and for the family to register at the Registry Office.
 - c. When the Bereavement Officer has spoken to the doctor who will complete the MCCD the Bereavement Office will not contact the doctor again. If relatives phone to find out if the MCCD has been completed the Bereavement Office will inform the relatives when the doctor is intending to complete the MCCD. . If the family should keep phoning and the doctor does not arrive the Bereavement Office will inform the family that the relevant Consultant will be contacted and the Consultant will ensure that the doctor completes the MCCD as soon as possible. If families contact further and the MCCD still has not been completed the Bereavement Office will suggest that the family can contact PALS or the Complaints Department..
 - d. The Bereavement Officers will guide doctors through completing the MCCD and offer what help they can.

7. Procedure for completion of Cremation papers:

As the majority of funerals take the form of cremation the part one of the cremation paper is to be completed on every occasion when the doctor completes the MCCD. The completion of part one of the cremation papers is the responsibility of the medical team and not the Bereavement Office or mortuary to ensure it has been completed:

At RSCH:

Doctors will complete the MCCD in the Bereavement Office and then take the notes to the mortuary, view the body and complete the part one of the cremation papers in the mortuary and then leave the patient's notes and cremation papers in the mortuary.

At PRH:

Doctors will complete the MCCD in the Bereavement office and due to times of post mortems varying at PRH the Bereavement Officer will arrange with the doctor when to view the body in the mortuary and complete the cremation papers accordingly.

8. Discussion of Post Mortems:

1. Coroner's post mortem:
 - a. If the coroner decides that a post mortem is to take place it is the responsibility of the coroner's officers to inform relatives and to discuss the implications of the post mortem.
2. Hospital post mortem:
 - a. If a hospital doctor wishes to carry out a post mortem it is their responsibility to discuss all matters with the relatives directly, and in accordance with the DoH guidance "Families and Post Mortems" .
 - b. A doctor may request that the Bereavement Officer informs relatives that the doctor would like to speak with them but it is not appropriate for the Bereavement Office to mention why the doctor might like to speak to them as this will ensure that they do not even embark on a subject for which they are not trained.
 - c. The doctor will need to be informed by the Bereavement office aware that the Bereavement Office closes at 1600hrs and if the doctor wishes to see relatives beyond that time the doctor will need to make arrangements as to where they will see the relatives.

9. Viewing of the deceased:

Viewings of the deceased are the sole responsibility of the mortuary staff or if out of hours the Clinical Site Manager and the portering staff, and must be arranged and conducted by the mortuary staff or staff arranged by the Clinical Site Manager. Due to the vulnerability of the bereaved it is important that the bereaved be accompanied at all times during the viewing. This will ensure that they are able to relate one member of staff who can support them throughout the viewing.