

What to do after death guidance

This card is designed to prompt GPs and nurses towards tasks that must be carried out after death if you are at the scene.

Modernisation Initiative

end of life care

Medical Certificate of Cause of Death (MCCD)

- All deaths must be verified promptly before relatives can call the undertaker.
- The doctor who has attended the deceased during his/her final illness has a statutory duty to complete a Medical Certificate of Cause of Death (MCCD).
- *Guidance for doctors certifying cause of death* is available from the Office for National Statistics' Death Certification Advisory Group at:
www.gro.gov.uk/medcert
- If the attending doctor is unsure about completing the MCCD the coroner's officer is always happy to advise: (020) 7525 4200 Monday–Friday 8am–3pm; outside of these hours contact via Kennington Police station (020) 7326 1212.

Inform the coroners in the following circumstances

- Cause of death unknown
- Death is unexpected
- There is no doctor available to certify who attended the deceased during the final illness
- If the attending doctor has not seen the deceased within the last 14 days of life
- Known or suspected industrial disease
- If the deceased had a communicable disease*
- Acute poisoning (including recent alcohol related)
- Evidence or suspicion of violence or trauma relating to the death
- Self-neglect or neglect by others
- Suicide
- Death during or shortly after release from prison or police custody
- Death following abortion
- Drug related death

* refer to protocol or seek emergency advice regarding notification of infection from the Duty Anatomical Pathology Technologist (APT) at Guy's and St Thomas' NHS Foundation Trust (GSTT) (020) 7188 7188 air call 868342.

Circumstances in which the GP needs to contact the funeral director

- If the deceased is known to have a communicable disease belonging to Hazard Group 2 (such as Hepatitis A or B, or Varicella Zoster) or Hazard Group 3 (including HIV, Hepatitis C and TB) this may affect the possibility of the deceased being embalmed (maintain patient confidentiality).
- Suitable certificates to notify the undertaker are available from Guy's and St Thomas' NHS Foundation Trust Mortuary Services.
- If the deceased had certain implants including a pacemaker, Implanted Cardioverter Defibrillators (ICD – see later page), radioactive brachytherapy seeds (inserted within the last three months) or a high fixation nail system.

Disposing of medication

It is good practice to ensure that all medicines including controlled drugs which are no longer required are removed from the deceased's home and safely disposed of as soon as possible.

- Encourage a family member to return any medicines to a pharmacy.
- Healthcare professionals may also return medicines to a community pharmacy on behalf of a patient.

It is good practice to:

- Keep a record of medicines removed and obtain signatures from a member of the household, and the pharmacist.
- Make a record of this in the patient's clinical notes, listing the names and quantities of the medicines removed.
- Make a personal copy to accompany the medicines which can be signed by the pharmacist when you pass on the medication.

What to do with a syringe driver

- The infusion set can be removed by a doctor, registered nurse or competent healthcare support worker in accordance with your employer's sharps policy. Syringe drivers can be removed before or after the death has been verified.
- The syringe driver needle is sited subcutaneously. It is easily removed from the patient by simple traction. It should then be disconnected from the syringe driver by cutting or unscrewing and disposed of safely in the sharps box. Cover the puncture site with a simple plaster or dressing to prevent leakage of body fluids.
- Please make arrangements to ensure that the syringe driver is returned promptly to its original base as loss of syringe drivers is a common occurrence and costly to the NHS.

Implanted Cardioverter Defibrillators (ICD)

- If a deceased patient was fitted with an Implanted Cardioverter Defibrillator then ideally this should have been deactivated following discussion prior to death.
- If it is active at the time of death, it can deliver harmless shocks, which may be felt by people touching the body. Rarely, a magnet may have been taped over the device to temporarily deactivate it during the dying phase which can be left in place. Patients should have the contact details of their responsible cardiac centre.
- The Implanted Cardioverter Defibrillator must be deactivated prior to its removal. You should advise the funeral directors collecting the deceased that the patient has one in situ and that it has not been deactivated. The funeral director should have plans in place to arrange for it to be deactivated, however if the family are carrying out the funeral unaided by a funeral director then seek advice from the local hospital mortuary.

Important considerations

Manual handling of the deceased – protecting yourself

If you need to move the deceased follow local manual handling guidance. Do not take any risks.

Spiritual beliefs

Remember that the family and carers may want time with the deceased, and there may be specific requirements because of their cultural or spiritual beliefs. If not sure ask the family what they want or need to do.

Bereavement counselling and support

Bereaved relatives may wish to access support. Suggest that they speak to their family doctor who will have information on relevant organisations in the area.

Preferences for after death care

Check if the deceased had expressed preferences about their after death care. For example, an advance care plan or similar document.

Donation of body to medical science

- Individuals can decide in advance to donate their body to medical science after their death. These donations are highly valued by staff and students at medical schools. Organisations which carry out these activities are licensed by the Human Tissue Authority.
- Bequests to the Department of Anatomy and Human Sciences, in the School of Biomedical & Health Sciences at King's College London are dealt with centrally in London at the London Anatomy Office, which represents the London catchment area medical schools.

For further details, please contact Louise Evans, Donations Coordinator at:

London Anatomy Office, Division of Basic Medical Sciences, St George's University of London, Cranmer Terrace, London SW17 0RE.

Tel: (020) 8725 5196 Email: levans@sgul.ac.uk

Miss Kirsty Thomson (Tel: (020) 7848 6599) and Dr Alistair Hunter (Tel: (020) 7848 6073) will give advice to people wishing to donate their remains to medical education.

Organ donation

- Some organs such as eyes can be donated even if a patient dies in the community.
- The National Reference Centre has a 24 hour advice/information/consent line which should be contacted in the first instance on 07659 180 773.

Helpful contact numbers

Tell Us Once Service

Located in the Mortuary and Bereavement Service within Guy's and St Thomas' NHS Foundation Trust. Will notify a range of other services including Benefits Agency, Pensions Service, DVLA etc, on behalf of the deceased's next of kin.

Call the Bereavement Team: (020) 7188 3182

Monday–Friday 9am–4.30pm
to book an appointment (essential).

Guy's and St Thomas' NHS Foundation Trust

Mortuary Team: (020) 7188 3928

available 24 hours a day for advice if needed.

Emergency out of hours

Duty Anatomical Pathology Technologists (APTs)
via GSTT switchboard ask for air call 868342

Lambeth Registration Office: (020) 7926 9420

Southwark Registration Office: (020) 7525 7651

HM Coroner, London Inner South: (020) 7525 4200

Monday–Friday 8am–3pm; outside of these hours contact
via Kennington Police station (020) 7326 1212

Our mission:

Working with our communities and partners to help them to provide exceptional end of life care; together we will support people to live well until they die.

This guidance was developed by a team of experts in Lambeth and Southwark with support from the Modernisation Initiative.

Email: MIendoflifecare@gstt.nhs.uk
or Tel: (020) 7188 0016
for more information.

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