

Dear Colleague,

VERIFICATION OF DEATH

Summary

This Director's Letter provides clarification of relevant professional issues and advice related to the involvement of registered healthcare professionals in the verification of death (VoD) in all circumstances. It revokes previous CNO/CMO guidance issued in 1995.

Background

In the context of developments in health and social care policy, it is envisaged that more people will choose to die at home or in a homely setting. Timely verification that death has occurred facilitates removal of the deceased to a suitable environment and minimises unnecessary distress for those who are bereaved. In relation to contemporary professional practice, the 1995 advice limiting the ability to verify death to '*registered nurses and in expected circumstances*' is seen as unnecessarily restrictive.

Statutorily registered healthcare professionals are individually accountable for their practise, and this is central to ensuring effective public protection and public confidence. Therefore registered healthcare professionals should, where appropriate, be supported to develop new skills and competencies to enable the delivery of safe and effective care, which can include the verification of death *in any circumstances*.

Action

NHS Boards are invited to note the refreshed information contained within **Annex 1** to this letter, and consider incorporation within any review or development of policies to support local needs and priorities.

Support for development of a framework for an exemplar policy, to enable consistency in the quality of care delivered in Scotland, will be provided through the establishment of a short life working group.

Yours sincerely,



Fiona McQueen
Chief Nursing Officer

DL (2017) 9

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Addresses

For action

Nurse Directors and AHP Directors,
NHS Boards and Special Health
Boards

For information

Chief Executives
Medical Directors
Human Resource Directors
Chief Executive, SSSC
Chief Executive, Care Inspectorate
Royal College of Nursing
Royal College of Midwives
Unison
BMA Scotland
AHP Federation Scotland

Enquiries to:

Donna O'Boyle
Professional Regulatory Adviser
Chief Nursing Officer's Directorate
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Tel: 0131 244 2097

E-mail: donna.o'boyle@gov.scot

VERIFICATION OF DEATH BY REGISTERED HEALTHCARE PROFESSIONALS

1. Purpose

1.1 To provide guidance to colleagues, clarifying the roles and responsibilities of registered healthcare professionals in relation to the verification of death/pronouncement of life extinct (VoD/PLE).

1.2 This supersedes and revokes the previous 1995 Verification of Death communication from the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) (Reference SOHHD/CMO(95)6), which limited the involvement of registered nurses in the verification of death to those which occurred only in '*expected circumstances*'.

1.3 In the context of the developments in contemporary professional practice, this letter provides information on relevant professional issues and advice related to the involvement of registered healthcare professionals in VoD in any circumstances.

1.4 This document has been produced to align with the guidance recently published jointly by the CMO, Procurator Fiscal Service and Police Scotland entitled 'MANAGEMENT OF DEATHS IN THE COMMUNITY (in and out of hours)'¹

2. Background

2.1 The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting, supported by integrated health and social care services. In addition research indicates that people would prefer to die at home; therefore, increasingly, more deaths may occur outside of the acute hospital environment.

2.2 Whilst recognising the need to attend to acutely ill patients as a priority, if the verification of death takes an extended time it can cause anxiety for family or relatives, and if in a communal setting, to other patients or residents. Also, the funeral directors can only respectfully remove the deceased once the verification of death has been completed. Therefore the shortest timeframe in which verification of death can be undertaken will reduce unnecessary distress to those who are bereaved.

2.3 The contemporary context of health and social care delivery, and professional practice, has developed in the intervening years since 1995, therefore the advice contained within the previous CMO and CNO letter is no longer relevant; specifically the ability for registered nurses to verify death only in '*expected circumstances*' is unnecessarily restrictive.

2.4 Regardless of the locus of death, **certification**² of death remains the sole responsibility of a registered medical practitioner³ However the **verification**⁴ of death is a process that may be undertaken by suitably trained and competent **registered** healthcare professionals.

¹ [http://www.sehd.scot.nhs.uk/cmo/CMO\(2016\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf)

² [Certification of Death \(Scotland\) Act](#)

³ <http://www.gov.scot/Resource/0048/00483863.pdf>

⁴ <https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death>

2.5 Involvement of the Procurator Fiscal in deaths occurs through reports from the Police, the registrar, GPs or hospital doctors. However, anyone who has concerns about the circumstances of a death may still verify the fact of death where appropriate, and make the report to the Procurator Fiscal if necessary. There are certain categories of deaths that must be enquired into, but the Procurator Fiscal may enquire into any death brought to his/her notice⁵

3. Professional issues

3.1 Healthcare professionals registered with a statutory regulatory body are expected to comply with standards of behaviour and education, and ensure that they have the knowledge, skills and competence for safe practice.

3.2 The Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) in their respective Codes expressly require that a registered healthcare practitioner should, within their scope of practice, ensure they possess the requisite skills, knowledge and experience to undertake any element of their role, and to:

- 'Maintain the knowledge and skills you need for safe and effective practice'⁶
- 'Complete the necessary training before carrying out a new role'⁷
- 'You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development'⁸

3.3 The professional regulatory bodies do not place any restriction on the scope of practice, provided that the registrant is in possession of the requisite elements as noted above.

3.4 Whilst there is no legal impediment to the involvement of healthcare support workers in verifying death, this letter recommends that the role be limited to **registered** healthcare professionals only. This ensures individual professional accountability, which is central to ensuring effective public protection and public confidence.

4. Recommendation

4.1 Registered healthcare professionals should be, where appropriate, supported to develop new skills and competencies to enable the delivery of safe and effective care, including verifying death in any circumstances.

4.2 The registered healthcare professional verifying the fact of death is responsible for completing the verification of death form, informing the appropriate medical practitioner or the Police of the death, as appropriate, and providing relevant support to the bereaved, according to local policies.

4.3 Local policies should be explicit and clarify responsibilities including those in relation to:

- record keeping;
- 'do not attempt Cardio-pulmonary resuscitation' (DNACPR) and advance directives
- ensuring legal obligations are met, including notification to the relevant medical practitioner or Police, and the Procurator Fiscal where required;
- health and safety issues such as infection control and radiation;

⁵ <http://www.gov.scot/resource/0041/00417212.pdf>

⁶ *NMC Code, (2015), s6.2*

⁷ *NMC Code (2015), s13.4*

⁸ *HCPC Code (2016), s3.3*

- respecting the religious, faith and cultural wishes of the deceased
- provision of support and information for those bereaved

4.4 Employers in health and social care should consider an approach where registered healthcare professionals, in possession of the requisite knowledge, skills and competencies, are able to verify the fact of death in any circumstances according to an explicit local policy.