Tower Hamlets GP Care Group CIC

Bereavement: Care Before, During, and After Death

Title	Bereavement: Care Before, During, and After Death
Supersedes	All previous Policies
This policy will impact on	All staff
Related Documents	
Policy Area	Safeguarding/Quality & Safety
Version No	1
Issued By	Governance Team
Author	Dean O'Callaghan
Effective Date	01/06/2015
Review Date	01/06/2016

	Committees/Groups/Individual	Date
Approved by	THGPCG Safeguarding and Clinical Governance Leads	
Approved by	THIPP Governance Workstream	
Approved by	THGPCG Board	

Contents

Contents (continued)

1. Introduction/Purpose of the Policy

The purpose of this policy is to ensure that dying patients and their families receive the best level of care and support during the last days of life and after death. It is also to ensure that Tower Hamlets GP Care Group CIC (THGPCG) complies with legal requirements and Department of Health Guidelines relating to deaths which occur within care managed by THGPCG.

It is essential that the correct procedure is followed before, during and after the death of any patient. This policy is to be enacted when dealing with the death of any patient currently under the direct care of THGPCG.

2. Summary of the Policy

The purpose of this policy is to outline the process and procedures to be followed before, during and after a patient's death in order to provide a coordinated and sensitive service to the dying patient and their families and to bereaved relatives/carers.

3. Alignment with THIPP Partners

This policy on bereavement has been developed in line with policies in place at all partners in the Tower Hamlets Integrated Provider Partnership (THIPP). For deaths occurring under the care of East London Foundation Trust (ELFT), Barts Health NHS Trust (Barts Health), or in Social Care, the bereavement policies from ELFT, Barts Health, and the London Borough of Tower Hamlets should be sought respectively for the most relevant guidance pertaining to these organisations. Guidance for management of deaths of patients under the care of their general practitioner should be sought from the Practice Bereavement Policy.

4. Expected Deaths

Commented [DO1]: Is there a one paragraph standard definition of what an expected death and what an unexpected death is?

This policy should be used in conjunction with the Philosophy for End of Life Care, the Withdrawal and Non-provision of Life Sustaining Treatment, and the Barts Health guidelines for End of Life Care Delivery.

4.1. Before Death

Before death the following procedures should be followed:

- Preparations must be made with the patient and/or their family regarding the patient's wishes for end of life care.

- The patient's care co-ordinator should be assigned as the clinician responsible for the care and is required to work in partnership with other parties involved in the patient's care to reach the best outcome possible.
- Recognition of dying and decisions regarding ceiling of treatment should be made by a senior clinician, ideally during daytime working hours. Recognition of dying needs to be discussed and agreed by the MDT using a case note review for diagnosis and prognosis to validate the decision. This decision and the rationale need to be documented in the patient's medical notes and should be in consultation with the patient's GP. Any end of life care planning needs to be available in the standard form to all staff and carer's involved in the patient's care.
- The senior clinician must write in the patient's notes a record of the face to face conversation in which the end of life care plan was first discussed with the patient and/or patient's relatives or carers. The record of that conversation must include the following:
    - That the clinician explained the patient is now dying and when and how death might be expected to occur.
    - If the family or carers do not accept that the patient is dying, the clinician has explained the basis for that judgement.
    - That the relatives or carers had the opportunity to ask questions and the care plan has been explained.
    - The multi-disciplinary team must construct and document a plan of care which is informed by the discussion with the patient and/or family.
- Arrangements regarding contacting family members when the patient deteriorates must be established and documented in the healthcare record.
- In the event that the patient is unidentified, the Metropolitan Police Service must be contacted so that they can conduct an investigation to attempt to identify the patient. Discussions concerning the identification process must be documented in the patient's healthcare record.
- In the event of anticipated death of a patient with an infectious disease, please consult the Infection Control Policy's Recommendations for the use of cadaver bags for infected patients (After CDR Guidelines) and where necessary contact the Barts Health Infection Control Team.
- All staff caring for the patient must familiarise themselves with the patient's end of life care plan.
- All staff must respect the patient's end of life care plan and administer care as agreed.
- Staff should support the relatives and offer the services of a Chaplain when appropriate.
- Discussions concerning a "do not attempt to resuscitate" (DNAR) order must be had with the patient and/or their family.
- All DNAR documentation must be complete, up to date and stored in the patient's healthcare record.
- The resuscitation status of the patient should be part of all handovers of care between all health professionals.
- Medications must be reviewed and all unnecessary medications stopped.
- The patient's comfort in terms of symptom control, e.g. pain/nausea/agitation must be appropriately managed with psychological support and medications.
- The palliative care team must be involved as early as possible.
- Regular updates with the patient and their family must be clear and straightforward, language such as "the patient is dying" and "expected to die" should be used, not ambiguous language or euphemisms.

Commented [DO2]: Check that this exists in the IC policy. If not then appropriate guidance can be found in the Barts Health IC policy which also includes emergency contact information. This must be added to the GPCG IC Policy

4.2. Imminent Death

In cases of imminent death, the following procedures should be followed:

- Family/friends when not present; where possible; should be contacted and informed of the imminent death in a timely manner (unless the patient has previously forbidden this).
- For patients currently in care in wards/beds controlled by the THGPCG, when the patient begins to deteriorate and death is likely, visiting restrictions should be relaxed to enable the family/friends to spend time with the patient. Any changes to normal ward/department visiting times will be decided by the nurse in charge of the ward in discussion with the patient's family.

4.3. After Death – verification

If a patient's death was expected their death can be verified by either a doctor or a competent health care practitioner. The date and time of the death must be documented in the patient's healthcare record. If the patient has died at home or in a care home then the GP should be contacted to verify the death, which the GP can do so long as the GP has seen the patient within the last 14 days. For out-of-hours deaths the GP out-of-hours service can be contacted to verify the death. Paramedics are also able to verify deaths, however staff should refrain from calling out an ambulance if the patient is known to have died.

5. Unexpected Deaths

For unexpected deaths of patients aged under 18 please refer to the Bart's Health Sudden Unexpected deaths in infants and children policy.

Commented [DO3]: We need to adapt this into a Tower Hamlets GP Care Group Policy.

5.1. Before Death

If a patient deteriorates all actions must be taken to escalate the patient's care in order to deliver the most appropriate treatment.

If a patient deteriorates and there is concern he/she may die, their relatives must be contacted (unless the patient has previously forbidden this).

In the event that the patient is unidentified, the Metropolitan Police Service must be contacted so that they can conduct an investigation to attempt to identify the patient. Discussions concerning the identification process must be documented in the patient's healthcare record.

Staff should support the relatives and offer the services of a Chaplain when appropriate.

5.2. Imminent Death

Resuscitation must be undertaken on all patients unless a do not resuscitate order has been documented.

If relatives wish to be present at the patient's resuscitation; they may do so in line with the Resuscitation policy, unless the patient has expressed a wish for them not to be present.

Commented [DO4]: Do we need a resuscitation policy?

5.3. After Death – verification

Unexpected deaths must be verified by a doctor. If it is an unexpected death occurring in the community then the police must also be informed. In cases of unexpected or sudden death a post-mortem is required before a medical certificate of death can be issued. If the patient's religion requires that the body be buried/cremated within 24 hours of the death the coroner will attempt to respect those wishes.

The date and time of the death must be recorded in the patient's healthcare record.

6. All Deaths

6.1. Notification of Death

If relatives are not present at the time of the patient's death, they must be informed of the death as soon as possible by an appropriate member of staff. They should be offered the opportunity to speak with members of the medical team involved in the deceased's care leading up to death.

For deaths occurring on a ward managed by the THGPCG, once the death has been verified, the ward/unit staff should inform the Bereavement Officer. This will enable the preparation of relevant documentation to begin. For deaths occurring in the community, the family/close friends of the patient should make funeral arrangements directly with undertakers. In cases where the patient has known family or close friends social services will make arrangements for a funeral. The undertakers will require the medical certificate of death, which is issued by the coroner or doctor that has verified the death and the burial certificate, which is issued with the death certificate once the death has been registered, to proceed with the funeral.

Each Ward must have a supply of Bereavement Information Book "What to do when someone close to you dies." These booklets must be given to all patients' relatives/next of kin to enable them to understand the process they need to follow. Bereavement information books can be obtained from the Bereavement Officer.

Commented [DO5]: Or??? Is the BO a CHS position??

Next of kin must be informed and given information to contact the Bereavement Officer to make an appointment so that the necessary paperwork can be completed and collected.

Staff should support the relatives and offer the services of a Chaplain when appropriate.

Nursing staff must inform the deceased patient's General Practitioner of the patient's death by telephone, within 24 hours or the next working day following a public holiday.

The ward staff or care navigator must inform other hospital services and/or Primary Care and Social Care Services.

In circumstances where there is an on-going police investigation, the police must be notified of the patient's death.

If there has been press interest in the patient's case the THIPP Press Office must be informed that the patient has died.

Commented [DO6]: Should this be Barts Press Office?

6.2. Care for the Patient after Death

Caring for a deceased patient's body (also known as last offices or laying out) should normally be performed at the location where the patient died e.g. on the ward, in theatres. If this is not felt to be appropriate, the patient can be moved after liaising with the senior nurse/Site Manager. If the deceased patient is to be moved to have last offices performed they must be moved by the porters in the trolley used for taking patients to the mortuary.

Caring of a deceased patient's body should be performed by two members of staff at least one should be a qualified nurse. This element of caring for the patient must be carried out with regard to the dignity and respect for the patient, bearing in mind confidentiality and ensuring that the patient's body is secure at all times.

The patient's relatives should be given the opportunity to be involved in performing last offices, if they wish to be involved this must be facilitated.

The Last Offices Checklist must be completed to ensure the full procedure is followed.

6.3. Removal of the Patient from a Clinical Area to a Mortuary

Following the death of a patient on a ward and the completion of the last offices the patient must be transferred to the mortuary. The porters must be called to undertake this task.

6.4. Post-Mortem Examination

A post-mortem examination may take place either because the coroner has ordered it (coroner's post-mortem) or because it has been agreed by the hospital and the family/next of kin (hospital post-mortem).

6.5. Coroner's Post-Mortem

Coroners' post-mortems are carried out in the performance of a statutory duty therefore permission from relatives/next of kin is not required. However, the reasons for the post-mortem and the procedures to be followed should be explained sensitively to them. They should be given information about when and where the examination is to be performed and told of their right to be represented at the post mortem by a doctor, if they so wish.

6.6. Hospital Post-Mortem

Commented [DO7]: Needs THIPP agreement and alignment

Hospital post-mortems are not needed by law, but are requested by medical practitioners or the family/next of kin when they need/want more information regarding the illness e.g. if the patient had cancer, to establish the extent of the disease and response to treatment.

Hospital post-mortems are only carried out when consent is given by the patient before death or a relative/next of kin after. Consent must be obtained using the relevant post mortem consent form which can be found on the Barts Health Trust intranet. The patient information leaflet "Information for next of kin about Hospital Post-Mortem" should be offered to relatives/next of kin to aid their understanding when the process is explained to them.

Permission for a post-mortem should be requested from the next of kin by a senior member of staff who has knowledge of the procedure, is familiar with the HTA guidance for obtaining consent (*HTA code of practice Code 1, Consent, September 2009 & Code of Practice 3 post-mortem examination, September 2009*) and has undergone training for obtaining consent.

6.7. Organ and Tissue Donation

In some circumstances, when the patient dies, the family can be offered the option of organ and tissue donation. It is recognised that every family is unique and choices made by families should be treated respectfully.

Approaching for organ donation and tissue donation must be undertaken by a health care professional who has undergone training and who themselves feel comfortable with discussing the option of donation.

Any patient who dies on ward could potentially donate tissues post-mortem. For any queries or referrals regarding this call Barts Health Trust Tissue Services on 07659-180-773 (24 hour on-call service).

Discussions regarding organ and/or tissue donation must be documented in the patient's health care record.

6.8. Deceased Patient's Health Care Records

The deceased patient's health care records should be delivered to the Barts Health Trust's Bereavement Officer before 4:30 pm on the day of the death, or if the patient death occurs after that time then the next working day (Monday-Friday) after the death.

All health records should be complete and tidy with the contents well fixed together so that loose papers are not lost.

6.9. Issuing of Death Certificates

The Bereavement Officer will contact the relevant medical practitioner regarding the issue of a "Medical Certificate of Cause of Death", to find out if the case needs to be reported to the coroner or if a hospital post mortem is required. This needs to be done before the family telephones to ensure that all the documentation is ready for collection.

If the case is referred to the coroner, a death certificate will not be issued. The coroner then sends the appropriate forms directly to the Registrar.

Medical practitioners are required to complete death certificates by law. The death certificate book is kept in the Bereavement Office. A book is also kept in the site manager's office if a certificate is to be issued out of hours.

Medical practitioners need to be aware that death certificates must be completed in a neat and clear manner with no abbreviations, and with any modes of death being backed up with the cause. The completing doctor must also clearly print their names on the certificate along with their GMC number. The information must include **all** contributory factors to the cause of death. If the cause of death was MRSA bacteraemia or Clostridium difficile infection (documented in 1a of the death certificate) this **must** be additionally reported as a Serious Incident.

6.10. Out of Hours Arrangements

The Site Manager will arrange for the signing and issue of all necessary documentation out-of-hours in accordance with this policy; this must be for legal or religious reasons only and therefore only applied in these circumstances. A photocopy of the death certificate must be forwarded to the bereavement officer on the next working day.

6.11. Cremation Documentation

Documentation (referred to as cremation papers) needs to be completed by two medical practitioners before a body can be cremated.

The first part, form 4, is usually completed by the medical practitioner who completed the cause of death certificate but also can be completed by any medical practitioner who has seen the patient before and after death. The second part, form 5, is completed by a medical practitioner of not less than five years" standing who shall not be a relative of the deceased, or a relative or partner of the medical practitioner who completed form 4. The relevant undertakers will collect the completed cremation papers at the time of collecting the body, for which a fee is paid.

More detailed information regarding cremation papers and their fees can be found in the cremation administration policy.

Commented [DO8]: Adapt from GP policy – one page guidance

6.12. Appointments for Collection of Death Certificates and Related Documentation

The next-of-kin will need to make an appointment with the bereavement officer by telephoning 020-3594-6532 between the hours of 9.00am to 4.00pm, Monday to Friday in order to collect the medical certificate cause of death.

6.13. Registration of Death

The Bereavement Officer will advise the next-of-kin of the information required by the Registrar. This will include:

- Place of registration
- Persons qualified to register
- Full demographic details of the deceased
- Death Certificate

The death certificate is given to the next-of-kin by the Bereavement Officer once signed by the attending doctor. This will be taken to the Registry Office where the death is registered.

6.14. Deceased Patient's Property

Where possible next of kin should collect and remove valuables and property from the ward as soon as possible, preferably at the time of death if present. The items should be checked and cross-referenced with the PPF (Patients Property Form) and a receipt issued. If it is not possible for the next of kin to collect the valuables, they should be checked by two members of staff, recorded on the PPF and placed in a patient property bag and given to the Cashier's/General Office where it will be locked securely. Out of hours, valuables may need to be stored in the ward safe (if available) until the next working day. Other property is to remain on the ward and it is the responsibility of the ward to make all reasonable attempts to contact the patient's next-of-kin for return of the property. All clothes will be destroyed after three months if all reasonable attempts have been made to trace next-of-kin for their return. All consumables will be disposed of appropriately.

Every effort should be made to ensure that personal belongings are returned to the correct relative/next of kin/civil partner. A person listed in the patient's notes, as next of kin is not necessarily the correct person to be handing property to. Correct next of kin will need to be a husband, wife or civil partner, a blood relative or a person written in a will. If in doubt ask for proof.

Next-of-kin should sign for receipt of all property, with an indication on the patient property form if they wish for it to be disposed of by the Bereavement Officer.

6.15. Viewing of Body

In the event that family/friends wish to view the deceased, arrangements can be made direct with the hospital site holding the body. The bereavement officer can make appointments for the relatives/next of kin to visit the deceased in the viewing room at the mortuary. It is important that the families are prepared in advance if the viewing is predicted to be visually distressing. Some bodies may be purging bodily fluids or still have tubes and wires attached (in the case of the Coroner being involved, these cannot be removed).

Family/friends requesting out of hours viewing must be made aware that this is at the discretion of the site manager. Reduced staff levels or hospital disruptions may hinder a viewing.

Commented [DO9]: Again we need a bereavement officer. This only relates to deaths in hospital beds. Perhaps we should have a section distinguishing deaths in the community – dealt with social services/undertaker/paramedic/GP and deaths in a hospital bed which will be dealt with by senior staff and hospital bereavement officer

6.16. Release/Repatriation of Body

Details of the release of bodies may be obtained from the respective mortuary. Bodies will typically be released once the site manager is satisfied that all relevant paperwork has been completed, which must include the 'Medical Certificate of Cause of Death' or an order of release from the coroner. Bodies must be transferred using an appropriate means of transport.

Arrangements for the repatriation of bodies to other countries must be made through the Coroner's office. A 'Free from Infection" form, signed by a medical practitioner may be required by the airline and/or the country where the deceased is going to, it is important to check each individual case. There may be a financial charge for the completion of this form.

6.17. Contract Funerals

Social Services will take responsibility for arranging funerals for patients that die at home with no known next of kin. For patients dying in a hospital bed Bereavement Officer will make full enquiries to find a next of kin. If a next of kin cannot be found then the Bereavement Officer will make arrangements to ensure that the patient receives a funeral, the costs of which will be met by the hospital.

6.18. Estates of Deceased Patients

In most cases relatives/next of kin, with the help of a solicitor, will deal with the estate of a deceased patient. In the cases when there is no relative/next of kin, the Bereavement Officer will undertake this role.

In such cases, the Bereavement Officer will instruct the relevant council/housing association office to clear the deceased's property. The contents can be sold and money raised from the sale, forwarded to the Trust via the Bereavement Officer along with any bank/building society books, etc. found in the property.

If the estate is valued over £500 after any funeral expenses have been reimbursed, the case should be referred to the Treasury Solicitors. They will try to find a relative/next of kin. I f none found, the Estate reverts to becoming the property of the Crown.

6.19. Notification of General Practitioners

A member of staff will send a notification letter of death to the registered GP. This will be sent within two working days of the bereavement officer being notified of the patient's death and will include causes of death, transcribed from the Medical Certificate of Cause of Death (M.C.C.D.).

A final discharge summary will be sent on behalf of the consultant named in the GP notification letter, within 2 weeks following the patient's death, this will be written by a registrar or above. The content will include the following:

- Name, address, DOB and hospital number of deceased patient
- Date of both admission and death.
- Name of Medical Team/s involved with the deceased's care
- Medical summary of treatment, taking care to mention any significant infections e.g. MRSA, Clostridium Difficile.
- Final cause of death documented on the M.C.C.D.

Include the following where applicable:

- Referral to Coroner
- Hospital Post Mortem performed
- Highlight any causes for concern concerning the deceased's significant others, for example at risk of Prolonged Grief Disorder.

Please note that the letter should be succinct, kept to one side of A4 only.

6.20. Notification from General Practitioners Following the Death of a Patient in the Community

GPs will inform the Single Point of Access (SPA) following the death of a mutual patient in the community, in order that the patient's status can be updated in the Patient Administration System.

6.21. Bereavement counselling and other support services

The City and East London Bereavement Service offers a free and confidential counselling and befriending services to residents of Tower Hamlets and patients of any of the hospitals of Barts Health NHS Trust. Self-referral for counselling or befriending by calling the service on 020 7247 1209 or by emailing at: info@bereavement.org.uk.

Further information on support and counselling available can be sought from the Bereavement Officer.

Appendix One – Guidance for Doctors on Reporting Deaths to the Coroner

1. The coroner is concerned with what happened, and not with attributing blame or responsibility. Therefore, the fact that the coroner is investigating the matter does not mean that someone blundered, or is thought to have done so. It means that the death is in some way, or to some extent, obscure or not natural, and the purpose of the investigation is to establish further facts around the cause of death. The coroner will consider all the facts of a case referred to him/her, and will decide whether the case requires to be investigated further. This may involve:

    a. a post-mortem examination or a special examination
    b. an inquest hearing
    c. both of the above
    d. Or s/he may decide not to proceed to investigate further

2. Doctors are asked to report deaths in the following categories directly to the coroner's office (contact details at end of document):

    - No medical attendance in last illness
    - No medical attendance during last two weeks or after death
    - No cause of death/unnatural or traumatic cause
    - Violence, neglect, drugs of abuse involved
    - Death before recovery from anaesthetic or operation/treatment contributory
    - Industrial disease/poisoning
    - Death in custody
    - Death in hospital after transfer from custody
    - Suspicious circumstances
    - The circumstances were such that the death was preventable

    Further details on when to refer to the coroner see the Bereavement or Mortuary intranet pages.

    If anyone is in any doubt as to whether a death falls within one of the categories mentioned, the advice is to contact the coroner's office.

Appendix Two – Endotracheal/nasopharyngeal tube, nasogastric tube and intracranial bolt removal when a death has been reported to the coroner

Relatives will often wish to view a body after death. This is an essential and important part of the grieving process, particularly in sudden death. Facilitation of sensitive viewing by removal of nasal and oral tubes and ICP bolts may or may not be able to be arranged in the first instance. There is the potential for conflict between the needs of the relatives and the needs of the forensic investigation of the death. It is hard to draw up concrete rules that cover every circumstance, but in general if a full police forensic investigation is going to take place the evidence should be disturbed as little as possible, apart from medical necessity. However, this may sometimes be in conflict with the needs and wishes of the patient's relatives.

Patients fall into a spectrum from the recent murder victim (where the body is part of the evidence and any unnecessary disturbance should be avoided) to a natural death from a known cause, which will not need to be brought to the notice of the coroner.

Principals

If in doubt, ask before acting – contact the coroner's officer or the police.

If the coroner is not involved: If the cause of death is known and the coroner is not going to be involved there should be no concern about removing medical tubes and lines in accordance with the policy.

If the coroner is involved:

1. If there is medical certainty about the cause of death (i.e. RTA with severe head injury or established medical condition) and the relatives wish to view the body, tubes can be removed (see last paragraph in this section) after contacting the coroner's officer who may request that records should be made in the clinical notes of all tubes removed (including a sketch or photograph before tube removal). If the relatives do not wish to view the body all tubes and lines should be left in place. In some cases the coroner may decide to transfer jurisdiction to another coroner. Adopt this guideline unless the local coroner's officer advises that the case is to be transferred and the coroner accepting transfer of jurisdiction has requested any variation.

2. When death rapidly follows after an unlawful assault act or omission it is particularly important to preserve evidence and all tubes and lines must be left in situ. (In these circumstances a police officer and or a police photographer will usually be present to safeguard any forensic evidence).

3. When death occurs following an assault, but the patient has by then been washed, and there is no longer any relevant forensic evidence present, tubes can be removed. A police or coroner's officer may request that a record should be made in the clinical notes of all tubes removed (including a sketch or photograph before tube removal). If there is any doubt consult the senior police officer involved or the coroner's officer (see section above). In some cases the coroner may decide to transfer jurisdiction to another coroner. Adopt this guideline unless the

local coroner's officer advises that the case is to be transferred and the coroner accepting transfer of jurisdiction or the senior investigating police officer has requested any variation.

4. If there is a suspicion of „medical misadventure and/or an adverse healthcare event or if there is any criticism of the medical management, however unreasonable it might appear to be, all tubes and lines must be left in-situ for forensic investigation. The room and all external medical equipment may also need to be left undisturbed. Record clinical details of a difficult intubation such as the ASA grade of the vocal cord view; indicate if the tube in-situ at the time of death is the original or a subsequent one, and if so by whom it was placed. Record the details and time of any arterial blood gas analysis that corroborates or rebuts the presumed position of a tube or cannula.

5. If there is any doubt which category a patient calls into:

    - If the patient is expected to die and there is doubt about removal of a tube following death, the coroner's officers can be contacted by a nurse or doctor for advice in advance of the death. This is not a formal notification (as death has not yet occurred) it is simply to plan ahead to make viewing the body after death as rapid and smooth as possible for the relatives.

    - An ICP bolt can be unscrewed and the catheter cut off level with the skin. Endotracheal or nasogastric tubes should be completely removed. A full face photograph or sketch should be taken before removal, the appropriate proforma completed and signed, and the removed tubes must accompany the body in a clear plastic bag with the photograph labelled with the patient's name and hospital record number. All other tubes and lines (chest drains, IV lines, urinary catheters etc) must be left in-situ.

Appendix Three – Last Offices

Please refer to the Barts Health Trust Last Office's Checklist

Appendix Four – Special Circumstances

Please refer to the Barts Health Trust Guidance for special circumstances

Appendix Five – Spiritual and Religious Care

For many faiths/cultures belief in the afterlife is paramount and the way staff treat the dying patient and lay-out the body has significant effect on bereaved relatives.

If possible, the patient and/or family should be consulted but, if no family members are available, the following notes will ensure that the correct procedure is observed.

The Chaplaincy keeps a list of local religious leaders who are willing to be called upon in an emergency. Muslim and Christian chaplains are available 24 hours a day (contact via switchboard), to care for the dying patient, their family, friends and to advise staff.

Bahá'í

Care of the Dying

There are no specific Bahá'í rituals to be performed either before or after death.

Post Mortem

No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.

Organ Donation

The Bahá'í regards organ donation as praiseworthy: the wishes of the patient and next of kin should be ascertained, and consent obtained.

Funeral

Bahá'i's are always buried, cremation is not permitted and the place of interment should be as near as possible to the place of death; not more than an hour's journey.

Buddhism

There are different schools with varying observances. Ascertain to which school the patient is affiliated and which practices are expected.

Care of the Dying

A Buddhist may request the services of a religious leader to be present.

A side room would be appreciated, if possible.

A Buddhist patient will often like to have full information about their imminent death, to enable personal preparation for death.

Buddhists consider dying an important part of life and would prefer to approach it in as clear and conscious state of mind as possible. This may mean a reduction in certain drugs which reduce consciousness, if they so desire. Peace and quiet and chanting are all used to influence a peaceful state of mind.

Post Mortem

There is no objection.

What to do after Death

Friends and relatives may wish to remain with the body for a while after death, to meditate on goodwill towards the deceased and perhaps perform a simple ritual.

At death, inform the Buddhist priest as soon as possible. This may be done by relatives. The body should not be moved for at least one hour after informing the priest as prayers will be said during this time. The body should be wrapped in an unmarked sheet.

Organ donation

Buddhists generally agree to organ donation.

Funeral

Most Buddhists prefer cremation with a Buddhist ceremony.

Christianity

There are four main branches of the Christian Church, Anglican (Church of England), Roman Catholic, Orthodox and the Free Churches (which include Methodist, Baptist, Salvation Army, United Reformed etc).

Care of the Dying

- Anglican
  - Always ask the patient/family if they would like the Chaplain or their own Priest to visit.
  - Prayers may be said at the bedside and sometimes the patient may be anointed with Blessed oil.
  - Baptism or blessings for babies and young children should be offered.
- Roman Catholic and Orthodox
  - The Roman Catholic Chaplain or the patient's own Priest should always be called, and if at all possible, before the patient loses consciousness; even if the relatives are not present. (Handy rule of thumb - call Priest when you call relatives).
  - Sacrament of the Sick (sometimes called Extreme Unction or Last Rites by older Catholics) is of particular importance.
  - Baptism of seriously ill infants is also very important.
- Free Church
  - The patient/family may appreciate a visit from the Free Church Chaplain or their own Minister. Prayer at the bedside is more important than ceremony and the administration of the Sacraments. For many groups Baptism of sick babies is not seen as essential.

Organ donation

None of the Christian religions have ethical objections to organ donation. However there are Christians who may come from other countries unfamiliar with transplantation and who may require further guidance.

Post Mortem

There are no religious objections.

What to do after Death

Customary hospital procedures should be followed.

Funeral

- Anglicans - Burial and cremation are equally accepted.
- Roman Catholics - Traditionally burial but no religious prohibition of cremation.
- Free Church - Burial and cremation are equally accepted.

Christian Science

Care of the Dying

There are no ceremonies or rituals for either the sick or dying in hospital.

Post Mortem

Christian Scientists would refuse, unless obliged by law.

Organ Donation

Christian Scientists would not normally wish to donate or receive an organ.

What to do after Death

Customary hospital procedures should be followed, although a female body should be handled by female staff.

Funeral

Cremation is usually preferred.

Hinduism

Care of the Dying

Wherever possible, Hindu patients would prefer to be at home, but if this is not possible, the patient's family may call in a Hindu Priest to perform certain rites which may include, tying a special thread around the neck or wrist as a blessing.

A devout Hindu may wish to: lie on the floor, symbolising closeness to Mother Earth: hear passages from the Holy Book, The Bhagavad Gita: touch clothes, food or money brought in by relatives, which will then be distributed to the needy.

Post Mortem

Post-mortems are not usually acceptable unless required by law. All organs should be returned to the body before cremation unless permission is given.

Organ donation

Organ donation may be acceptable.

What to do after Death

Consult the family asking if they wish to perform the Last Rites, as distress may be caused by non-Hindu's touching and handling the body. If no family is available, the following procedure should be followed:

- Wearing disposable gloves, close the eyes and straighten the limbs.
- Jewellery, sacred threads and other religious objects should not be removed.

- Wrap the body in a plain sheet, the body should NOT be washed, as this is part of the funeral rite and will be performed by family members later.

The family will generally remain with the patient, the eldest son leading the mourning. Relatives, of the same sex as the deceased will wash the body usually using Ganges water.

Funeral

All Hindus are always cremated (although babies and young children may be buried) and usually as soon as is practically possible.

Humanist

Care of the Dying

- No praying please
- Remove or cover religious signs if body is to be viewed
- When dealing with a funeral director after the patient has died, he should be informed that a non-religious service will be required. There are trained Humanist officiants for funerals.

Post Mortem

No objection on Humanist grounds.

For post mortems normal legal procedures must be observed, and these should be explained to the next of kin.

Organ Donation

For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

Islam

Care of the Dying

The patient should be tilted on their right side or be lying on their right side facing Makkah/Mecca (South East). If this is difficult, position the bed so that the feet point towards Mecca with the head slightly raised. Relatives and/or friends may sit with the patient reading from the Holy Koran and praying. Family members stay with the patient and perform rites and ceremonies.

The Imam is not required to attend the death, but is usually invited.

Post Mortem

Post-mortems are generally disapproved of following death except when required by law. Post-mortems on medical grounds are acceptable if the family agree.

All organs/limbs should be returned to the body unless permission is given.

What to do after Death

Wherever possible the family should be consulted re: the preferred procedures. But if no relatives are available:

- Nursing staff should wear disposable gloves when touching the body.
- The eyes should be closed
- The jaw should be bandaged, so that the mouth remains closed

- The head should be turned towards the right shoulder (so that the body can be buried with the face towards Mecca)
- The body should be straightened, the limbs should be flexed and then straightened prior to rigor mortis
- The hair may be combed, neither hair or nails should be cut
- **DO NOT WASH THE BODY** (the family will ritually wash the body as part of the Burial Rite)
- Cover the body with a sheet.

Funeral

Burial (never cremation) takes place as soon as possible.

Organ donation

Organ donation is acceptable in principle.

Jehovah's Witnesses

Care of the Dying

Jehovah's Witnesses will want assurances that blood/blood products will not be used against their wishes.

There are no specific rituals or practices for the dying, although the patient/family may appreciate a visit from one of their Elders.

Post Mortem

There are no religious objections.

Organ Donation

Organ donation and transplantation may be acceptable.

What to do after Death

There are no particular rites - customary hospital procedure should be followed.

Funeral

Burial and Cremation are equally acceptable.

Judaism

Within the Jewish community there can be a variety in levels of religious observance and it is therefore important to understand that there may be a variety of expectations among Jewish patients and their relatives.

Care of the dying

- Relatives and/or friends may wish to sit with patients during their final hours/days.
- A patient who is dying may wish to:
  - recite or hear particular Psalms recited
  - recite the "Shema", a prayer reaffirming his/her belief in God
  - say the "Viddui", a death-bed confessional prayer or have it said on his/her behalf
- The patient may request to see his/her own Rabbi in which case his/her Rabbi may be contacted. In the absence of the patient being able to make such a request, the relatives may

ask that the patient's own Rabbi to be contacted. The Jewish Chaplain of the hospital can be contacted when necessary. If the Jewish Chaplain is on leave, then contact can be made through the on-call Chaplain who will contact the relevant people providing cover, which may be the Honorary Jewish Chaplain or the Jewish Visitor.

- Kindly note that contacting the patient's Rabbi may not be possible over the Sabbath or Major Festivals.
- Respect for the Deceased - when a person has died, it is respectful to ask the family if they have any specific requirements regarding the body of a loved one. This will ensure that the body of a loved one is given due respect and requirements for various parts of the Jewish Community are appropriately carried out with sensitivity.

Please note: that some people require that staff do not cleanse the body of a loved one but that this is done entirely by the Burial Society which fetches the body of a loved one and prepares it in strict accordance with Jewish Law. While for other parts of the community it is a matter of course that the body is cleaned by staff.

Some people would like their loved one to have their:

- eyes closed
- body laid flat with hands open, arms parallel and close to the body, legs stretched out straight and mouth closed
- whole body, including the head, completely covered in a white sheet some families may request that the body be placed on the floor for a short time.

Post Mortem

Post-mortems are traditionally not permitted in Jewish law (although some parts of the community may accept this) except in cases where civil law requires an autopsy. All organs should be returned to the body, unless permission is given. If the next of kin have queries, they may wish to consult their own Rabbi.

Organ donation

This needs to be handled with sensitivity as:

- Ultra Orthodox Jews do not support organ donation
- Within some parts of the Jewish community organ donation for the sake of "pikuach nefesh", to save lives, is seen as acceptable and as a meritorious act.
- As each situation is unique, the patient or family may wish to consult a Rabbi before making a decision.

Bereavement

- A relative or an appropriately appointed person may wish to take up the position of "watcher" and remain with the body until burial, usually within 24 hours. Should this not be possible within the remit of the hospital then the family/relevant people need to be made aware of this. Families may ask for the reason/s why this is not possible.
- The family may wish to view the body.
- Although this is more frequently done just before a funeral, the bereaved may tear a garment ("keriah") as a sign of grief and mourning and may wish to recite Prayers or Psalms. The Kaddish or Mourner"s Prayer is not said until after the funeral although some relatives may ask for it to be said or would like to be able to say it at the bedside when a loved one has died.

- If there are no family members or significant friends to make funeral arrangements, ward staff should contact the Jewish Chaplain, who can discuss this with the Next of Kin so that the necessary arrangements can be made. If possible, it is helpful to know if the person was a member of a particular community and synagogue, or mention has been made of the person having his/her own Rabbi.
- A number of Jewish helplines and charities may be of assistance in supporting those who are bereaved. The Jewish Chaplain is able to provide appropriate details.

Funeral

- Jewish law requires burial to take place as soon as possible after death ideally within 24 hours, delayed only by the Sabbath or Festival or, in some cases, the arrival of close relatives who live at a distance.
- Relatives may therefore request and need a Cause of Death certificate as soon as possible in order to facilitate an early funeral.
- For Orthodox Jews cremation is not permissible, while for Progressive Jews (both Reform & Liberal) it is an acceptable practice.
- Even though a patient or relative may identify him/herself as "Orthodox" or "Progressive" there may be variety in practice depending on the individual concerned.
- It is respectful to support each family in making decisions regarding mourning and the funeral of a loved one.

The Church of Jesus Christ Latter Day Saints (sometimes known at The Mormon Church)

Care of the Dying

There is no specific ritual but spiritual contact is seen as important - active church members will know how to contact their Bishop. All members and those who so desire, may receive a "Priesthood Blessing" or "Blessing of the Sick" by Priesthood holders sent by the Bishop of the area. This may include an Anointing and Blessing.

Post Mortem

There are no religious objections.

Organ Donation

No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

What to do after Death

Some Mormons who have undergone a special temple ceremony wear a sacred undergarment. Customary hospital procedure should be followed - but the sacred undergarment must be replaced.

Funeral

Burial is preferred but cremation is not forbidden.

Patients with no religious affiliation

Patients may use the terms 'atheist', 'agnostic', or 'none' when asked to state their religion; or they may be Humanists – please see relevant section.

Care of the dying

- As with all patients, ensure that the relatives and friends are supported and offered consolation, in accordance with their own beliefs.
- Do not offer prayers unless requested.
- As with all patients, at the point of death the patient may appreciate the comforting presence of a member of staff if no relative is present.
- Consult with the next of kin concerning the funeral arrangements; a nonreligious funeral or memorial event may be preferred.
- Remove or cover religious symbols if body is to be viewed.

Post Mortem

Normal legal procedures must be observed, and these should be explained to the next of kin.

Organ Donation

The wishes of the patient and next of kin about organ donation should be ascertained, and consent obtained.

Quakers (The Religious Society of Friends)

Care of the Dying

There are no specific rituals although the patient may appreciate a visit from an elder or other Quakers, who may sit with them in silent worship and support.

Post Mortem

There are no religious objections.

Organ Donation

No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

What to do after Death

There are no particular rites - customary hospital procedures should be followed.

Funeral

Burial and cremation are equally accepted.

Rastafarians

Care of the Dying

There are no specific rituals to be performed either before or after death, although family members may wish to pray at the bedside. Visiting the sick is very important and visitors may come in groups which will need to be sensitively handled with the needs of others on the ward.

Post Mortem

Rastafarians would refuse, unless obliged by law.

Organ donation

Permission for organ donation is unlikely. The wishes of the patient and next of kin should be ascertained, and consent obtained.

What to do after Death

Customary hospital procedure should be followed the 'Locks' or 'Dreadlocks' hairstyle should not be interfered with or cut.

Funeral

Burial is preferred but cremation is not forbidden.

Local Contact

Rastafarianism is a personal religion; there is no church building or official clergy - patients/families will have their own contacts.

Romany Travellers

Care of the Dying

Many people of Romany origin are Christians and may appreciate a visit from a Hospital Chaplain. Family and friends from around the country will want to visit which can cause problems with ward routine.

Post Mortem

Usually refuse permission, as tradition indicates that a vigil is maintained with the body prior to the funeral.

Organ Donation

For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

What to do after Death

Customary hospital procedures should be followed and the family will probably supply the clothing for laying-out.

Funeral

Burial is preferred although cremation is not forbidden.

Sikhism

Care of the Dying

A Sikh patient's family will normally be present to pray and to recite from their Holy Book. The Guru Grant Sahab.

Post Mortem

There are no Sikh objections against Post Mortem.

What to do after Death

The patient's family will normally wish to prepare the body. If requested by the family, close the eyes, straighten the body, and wrap it in a clean plain sheet, if no relatives are available:

Staff must be respectful of the **5K's** of Sikhism:

- **K**esh: The distinctive long hair, neither the hair nor beard should be cut, the hair should remain covered.
- **K**anga: A small comb worn at all times in the hair should be left in place.
- **K**ara: A steel bracelet worn on the left wrist and should be left in place.
- **K**achha: A special type of underwear.
- **K**irpaan: A sword symbolically worn.

The deceased face is often exposed during funeral rituals and therefore a peaceful expression is required.

The eyes and mouth should therefore be closed, and then normal procedures followed.

Organ Donation

Organ donation may be acceptable.

Funeral

Sikhs are always cremated and as soon as possible after death.

Zoroastrian

Care of the Dying

There are no specific rituals to be performed, but family and friends may wish to visit to pray with the patient.

Post Mortem

Post Mortems are forbidden, unless required by law.

Organ Donation

Orthodox Zoroastrians consider the pollution of the body is against the will of God. They are against transplants for this reason and are probably unwilling to donate or to receive. However the less orthodox may agree. The wishes of the patient and next of kin should be ascertained, and consent obtained.

What to do after Death

Customary hospital procedures should be followed. The family will provide a special Sadra (shirt) and Kusti (girdle) to be worn under the white shroud and they may request that the head be covered with a scarf.

Funeral

Cremation is preferred.

Appendix Six – Checklist for Packing Deceased Patient's Property

1. **Two nurses to check deceased patient's property**, one nurse must be qualified.

2. **Offer next of kin/nominated representative the chance to assist**: this can help with the grieving process (be mindful of dirty/torn clothing as maybe distressing for family to witness, prepare them for this if they want to go ahead).

3. **Document all property carefully in Patients Property Book**, in accordance with hospital policy. If the next of kin/nominated representative is not present at the death - **Please note the number of carrier bags used i.e. 2/3** (the person returning the property will then know they have returned all items) and **where they have been stored**.

4. **Fold clothing neatly**, ensure any soiled/torn property and other miscellaneous items such as food are kept in separate bags. (Check with the family if they want soiled/torn clothing or food items).

5. Please use **green property** bags where possible. Relatives have commented on how distasteful the grey property bags are.

6. Ensure **each property bag is clearly labelled** with the deceased patient's name, date, hospital number, ward name, and number the bags i.e. 1/3, 2/3, 3/3.

Where possible, **please store property on the ward and inform the bereavement office**.

If property is discovered after the death certificate has been issued, inform the senior nurse to contact the family immediately.

Appendix Seven – Useful Numbers and Other Support Services

Trust Bereavement Coordinator/CNS
Practical help and advice for families/cares before during and after death

Tel:	020 3594 6532

Chaplaincy Team - Christian, Jewish and Muslim Faiths
Offer pastoral, spiritual, religious care, support and advice. For out of hour emergencies call switchboard:

Royal London	020 3594 2070
Barts	020 3465 7220
London Chest	020 3594 2070
Mile End	020 3594 2070
Newham	0207 363 8053
Whipps Cross	0208 5395522 x 5005

Palliative Care Team
Consultant out of hour's service is available for Barts, The London and Newham hospitals via switchboard:

Royal London	020 346 55600
Barts	020 346 55600
London Chest	020 346 55600
Mile End	020 346 55600
Newham	020 7363 8105
Whipps Cross	020 85356605

Mortuary Services

Royal London	020 3246 0190 or ext 60190
Barts	020 3246 0190 or ext 60190
London Chest	via site manager
Mile End	via site manager
Whipps Cross	020 8535 6808

Registrar

Bow	020 7364 7880 (for deaths at RLH, LCH & MEH)

Royal London Hospital Adult Critical Care Relatives Support Service
Provides information and support with any questions or concerns relatives may have about the care a patient has received on the Adult Critical Care Unit. Short term bereavement counselling is also provided:

Tel:	020 3594 2311
Email:	AccuRelativesSupport@bartshealth.nhs.uk