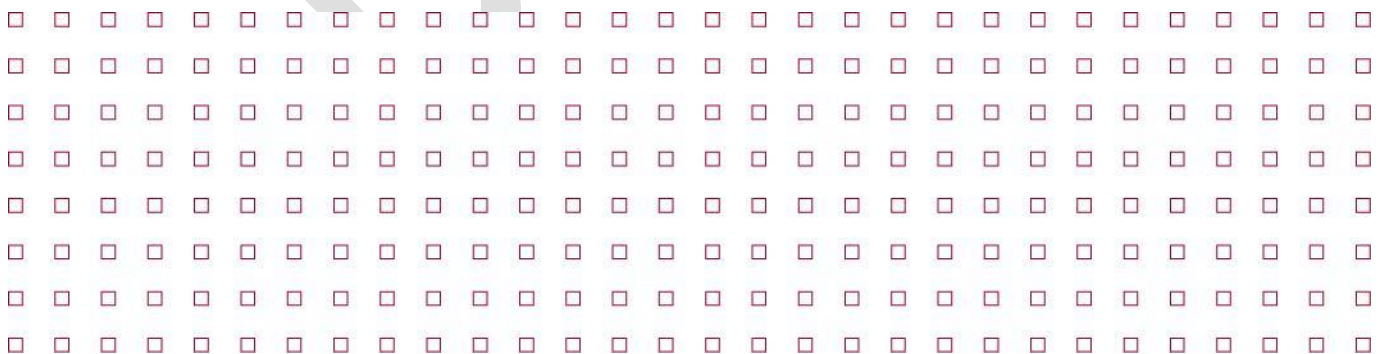




The Cremation (England and Wales) Regulations 2008

Guidance to medical practitioners
completing forms Cremation 4 and 5

6 April 2018



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Summary

- You must answer all the questions on the forms.
- The medical practitioner filling in form Cremation 5 should always properly check form Cremation 4: it is your responsibility to query any inconsistencies.
- The medical referee is likely to reject illegible forms so please write clearly.
- We expect the medical practitioner signing form Cremation 4 to have treated the deceased during their last illness and to have seen the deceased within 14 days of death.
- Modes of death, e.g. “multi organ failure” or “heart attack” are unacceptable as a cause of death and the medical referee is likely to reject forms without a proper cause of death.
- “Old age” as a standalone cause of death for those over the age of 80 is acceptable for registration purposes, but you should be aware that medical referees have been advised to exercise caution if “old age” is given as a cause of death and may well make further enquiries.
- You should complete the forms as soon as possible: delays to funerals are unfair to bereaved families.
- Form Cremation 4 medical practitioners must be registered and hold a licence to practise with the General Medical Council. This includes temporary or provisional registration.
- Form Cremation 5 medical practitioners must be fully registered medical practitioners for at least 5 years and hold a licence to practise within the meaning of the Medical Act 1983 (as amended).
- Up-to-date information about the qualifications of European medical practitioners is on the General Medical Council’s web-site – see also Annex A of this guidance.
- The form Cremation 5 medical practitioner cannot be a partner or work colleague of the form Cremation 4 medical practitioner or a relative of the deceased; the two medical practitioners must be truly independent of one another, i.e. not on the same team in hospital or a locum at the same surgery.

- Equally, if the medical practitioner completing form Cremation 4 was not the deceased's usual medical practitioner or general practitioner, because the deceased died in hospital, then it is not appropriate for the deceased's GP to sign form Cremation 5. This is because it cannot be said that the deceased's GP is truly independent from the care that the deceased received during life.
- It is expected that at least one of questions 2 to 5 of form Cremation 5 should be answered in the affirmative. You do not need to answer all of these questions.

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General overview of the Cremation Regulations

- Medical referees are unable to authorise a cremation unless the relevant forms have been properly completed in accordance with the regulations.
- Medical referees have the statutory power to reject incomplete medical certificates and may refuse to authorise cremation until all certificates and forms are completed to their satisfaction.
- Medical referees also have the power to make any enquiry they may consider necessary about a form or certificate.
- You should assist medical referees in the discharge of their duties by completing the medical certificates fully and accurately, and by responding to any further enquiries as helpfully as possible.
- Forms Cremation 4 and Cremation 5 do not need to be completed where the death has been referred to a coroner, or the application relates to the cremation of body parts, to a stillborn baby or to the exhumed remains of a deceased person who has already been buried for a period of one year or more.
- Form Cremation 5 does not need to be completed where a consented post-mortem examination has been made by a medical practitioner of at least five years' standing and the medical practitioner signing form Cremation 4 is fully aware of the results of that post-mortem examination. However, if a post-mortem examination has taken place and the medical practitioner completing form Cremation 4 is not aware of the results, the medical referee will request that form Cremation 5 is completed to satisfy the requirements of the Regulations. Further where a consented post-mortem examination has taken place and the medical practitioner does not have at least five years full registration and/or they are not independent from the certifying medical practitioner, the medical referee will require that form Cremation 5 is completed.

Introduction

1. This guidance provides advice to medical practitioners who complete certificates in connection with applications for cremation. It complements advice provided to crematoria medical referees. The main aim is to ensure that medical practitioners are aware of and meet the requirements of the regulations and in doing so avoid unnecessary delay to funerals.
2. Forms Cremation 4 and Cremation 5 may be downloaded from our website www.justice.gov.uk. You may be asked to complete forms which have been “personalised” for each crematorium, including marginal explanatory notes. Forms which have been substantially altered may not comply with the statutory requirements and may not be valid for use. If you have any doubts about the forms you should check with the crematorium manager. The forms made under the previous 1930 Regulations may no longer be used.

Those who can sign form Cremation 4

3. Regulation 17 of the Cremation Regulations requires the medical certificate (form Cremation 4) to be completed by a registered medical practitioner with a licence to practise with the General Medical Council. This includes those who hold a provisional or temporary registration with the General Medical Council.

Those who can sign form Cremation 5

4. Regulation 17 of the Cremation Regulations also provides for the confirmatory medical certificate (form Cremation 5) to be completed by a fully registered medical practitioner of at least 5 years’ standing. This means a registered medical practitioner who has been fully registered under the Medical Act 1983 for at least 5 years and who has held a licence to practise for at least 5 years within the meaning of the Medical Act 1983.

Overseas doctors

5. European Economic Area (EEA) member states must recognise each other's diplomas in medicine, subject to certain standards being fulfilled. A list of "primary European qualifications" which are recognised in the UK in accordance with EC Directive 2005/36/EC is set out in Schedule 1 to the European Primary Medical Qualification Regulations 1996. Schedule 1 to these regulations contains a list of amendments to Schedule 2 to the Medical Act 1983. At that time this Schedule to the Act contained a list of primary European qualifications. Primary European qualifications are no longer described in this way and Schedule 2 to the Medical Act 1983 was revoked in on 3 December 2007 by the European Qualifications (Health and Social Care Professions) Regs 2007 (Regulation 31).

6. The current Directive extends the principle of mutual recognition of professional qualifications to those awarded outside the EEA if the holder of a 'third country' qualification is an exempt person (i.e. a national of a relevant European State or entitled to be treated as such) and has three years' professional experience in the profession concerned on the territory of the relevant European State that initially recognised the qualification. A list of the EEA member states and the places where primary medical qualifications are granted is given at Annex A. It follows that a national of any EEA member state holding a primary European qualification is entitled to be registered in the UK as a fully registered medical practitioner and experience acquired under the primary European qualification outside the UK should be treated as if acquired within the UK. Accordingly, an overseas medical practitioner who has a primary European qualification in an EEA member state will be eligible to sign form Cremation 5 provided he or she has been registered for five years and holds a licence to practise. The medical register is made up of three lists (as specified in section 30(1) of the Medical Act). Doctors will only be added to the visiting practitioners lists if they obtain registration under the sections of the Act specified (sections 27A, 27B and Schedule 2a).

Corroboration of cause of death - deaths in hospital

7. Regulation 17 also requires that the registered medical practitioner who completes the confirmatory medical certificate should not be a relative of the deceased, or a relative or partner or colleague in the same practice or clinical team of the medical practitioner who has given the medical certificate, form Cremation 4.
8. The reason for this is to provide corroboration of the medical circumstances in which death took place. Medical referees will need to be satisfied that the medical practitioners who complete forms Cremation 4 and Cremation 5 are sufficiently independent of each other in all cases.
9. Similarly, where a junior hospital medical practitioner has completed the certificate in form Cremation 4, the medical practitioner who signs the form Cremation 5 should not have been in charge of the case, nor directly concerned in the patient's treatment. The deceased's GP should not complete form Cremation 5 (this includes where the deceased has been resident in a care home if the GP had treated the deceased at some stage).
10. You should be aware that criminal and General Medical Council proceedings have been successfully brought against medical practitioners who have falsely completed the forms.

Dentists

11. Dentists are not qualified to sign the medical certificate or the confirmatory medical certificate for cremation.

Completion of forms Cremation 4 (Medical Certificate) and Cremation 5 (Confirmatory Medical Certificate) (replaced forms B and C)

12. The most frequently occurring errors in completing these forms are:-
 - Failure to complete all questions in full
 - Deletion of questions
 - Incorrect completion of forms
 - Illegible handwriting; and
 - Discrepancies between the forms as to the date and time of death.

13. Abbreviations for causes of death are unacceptable where the abbreviation is unclear, unusual or ambiguous; in such cases, the medical referee is likely to make further enquiries of you. You should sign the form with a full signature, not an abbreviation. You cannot use a stamp.

14. You must complete the form yourself. It must not be completed by another person on your behalf. The form Cremation 5 medical practitioner should not amend form Cremation 4, and should record any differences or discrepancies on his or her own form.

15. Medical referees will expect that the evidence offered on the certificates demonstrates sound clinical grounds for the cause of death given, and you should complete form Cremation 4 with this in mind.

Right of Inspection

16. When you complete form Cremation 4 or Cremation 5 you should be aware that the applicant for cremation has the right to inspect these forms. You should therefore bear in mind that some of the information required by the forms (in particular, questions 9 and 12 on form Cremation 4) may have been given to you by the deceased person in confidence. If this information is included in the form it could be disclosed to the applicant for cremation, if they elect to inspect the form, and this might effectively breach the deceased person's confidence. You therefore may wish to give the information to the medical referee on a separate sheet of paper marked IN CONFIDENCE and attached to the form Cremation 4. You should also note down your reasons for this. You should also ensure that your handwriting is legible.
17. To maintain confidentiality forms Cremation 4 and 5 should be delivered to the intended recipient in sealed envelopes clearly addressed and marked CONFIDENTIAL, or in the case of electronic transmission they should be sent directly to the intended recipient. Where appropriate you may wish to notify other interested parties that the form has been completed and delivered. Such as in notifying the funeral director or applicant that a form has been emailed to the Medical Referee.
18. The following paragraphs address some other common issues.

Form Cremation 4 – Medical Certificate

QUESTION 5: “USUAL MEDICAL ATTENDANT”

19. The usual medical attendant is normally taken to be the deceased’s GP. Where the deceased person has been an in-patient in hospital for a short period of time, that is less than 24 hours and if the death is not going to be investigated by a coroner – see paragraph 19 below – it may be better to regard the patient’s GP as the usual medical attendant, rather than the hospital medical practitioner who attended him or her. It is acknowledged that many patients in hospital are treated by a number of medical practitioners.

QUESTION 6: “HOW LONG YOU ATTENDED THE DECEASED DURING THEIR LAST ILLNESS?”

20. To complete form Cremation 4 you should have attended the deceased during their last illness. In the primary care setting, a demonstrable prior period of care or the presence of the certifying medical practitioner at the death will usually be enough. In exceptional circumstances, a general practitioner partner may be acceptable if he or she had seen the deceased outside the normally acceptable period (14 days) and the attending partner is unavailable although in such cases there will usually have been consultation with a coroner.
21. The minimum period of hospital care sufficient to meet the requirement should normally be 24 hours. When the period is less than 24 hours you must inform a coroner.

QUESTION 7: “THE NUMBER OF DAYS AND HOURS BEFORE THE
DECEASED’S DEATH THAT YOU SAW THEM ALIVE”

22. The normal expectation is that you will have seen the deceased during the course of the last illness within 14 days before death; otherwise you must refer the death to a coroner.

QUESTION 9: SYMPTOMS AND OTHER CONDITIONS

23. You should complete this box with your observations of the deceased’s symptoms in the period leading up to their death. If the deceased died in hospital it would be helpful if you added the date of admission as this will assist the medical referee when they scrutinise the forms.

QUESTION 10: HOSPITAL POST-MORTEM EXAMINATION

24. If a non-coronial hospital post-mortem examination, (commonly referred to as a “consent post-mortem examination”), has been carried out or supervised by someone with the necessary 5 years’ period of full registration, you should indicate this here and state that you are aware of the findings, before giving the cause of death at Question 11. In these cases form Cremation 5 (the confirmatory medical certificate) is not required. However if you are aware that a post-mortem examination has taken place and for some reason you are not aware of the findings from that examination, the medical referee will require the completion of a form Cremation 5. You should be aware that a delay in completing Cremation 5 in these cases this could cause delay to the funeral.

QUESTION 11: CAUSE OF DEATH

25. The cause of death should normally be that set out on the medical certificate of the cause of death sent to the Registrar of Deaths. You should provide sufficient detail to enable the Medical Referee to understand the cause of death. Your answer should indicate when this has been informed by other sources, e.g. patient history, operative procedures or medical or lay witnesses.

QUESTIONS 12 AND 13: OPERATIONS

26. You should refer any operation which may have shortened the life of the deceased to a coroner for consideration and possible investigation.

QUESTIONS 14, 15 AND 16: THOSE NURSING THE DECEASED OR PRESENT AT DEATH

27. The medical practitioner completing form Cremation 5 must be able to contact the people you name in your form. Therefore, you must give full names and contact details, including an email address where it is known.

QUESTIONS 20 AND 21: REFERRAL TO CORONER/CORONER'S OFFICE

28. You must ensure that a coroner is notified of any suspicious circumstances that come to your attention. You must also inform the coroner if you suspect the death was unnatural, violent, sudden with unknown cause, to have taken place less than 24 hours since the deceased was admitted to hospital, or where no medical practitioner had attended the deceased in the last 14 days of their life. For further guidance see Chief Coroner Guidance 23 – Report of Death www.judiciary.gov.uk/publications/chief-coroner-guidance-no-23-report-of-death/ In cases where either one of the form Cremation 4 or form Cremation 5 medical practitioners has consulted a coroner, but the coroner does not consider that his or her involvement is necessary, this should be clearly recorded by the medical practitioner concerned.

QUESTION 23: IMPLANTS

29. Some implants cause a serious health and safety risk at the crematorium and must be removed. A list of implants that may cause problems during cremation is at **Annex B**.

Form Cremation 5 – Confirmatory Medical Certificate

REQUIREMENT FOR FORM CREMATION 5

30. Form Cremation 5 may not be required if the death occurred in hospital, the deceased was an in-patient there, a post-mortem examination has been carried out or supervised by a registered medical practitioner of at least 5 years' standing (who is not a relative of the deceased, or a relative, partner or colleague in the same practice or clinical team of the medical practitioner giving form Cremation 4) and the medical practitioner giving form Cremation 4 is fully aware of the post-mortem examination. If the medical practitioner performing the post-mortem examination is not independent of the medical practitioner giving form Cremation 4, or the medical practitioner giving form Cremation 4 is not aware of the results of the post-mortem examination then the medical referee will require form Cremation 5 to be filled in, which could cause delay to the funeral and additional cost to the applicant.
31. However, if form Cremation 5 has been completed where there is no need to do so, any fee paid should be refunded to the applicant.
32. It is very important to note that the cause of death on the form Cremation 5 does not need to be the same as the one given on the form Cremation 4, but you do need to explain any discrepancy on form Cremation 5.
33. We consider that, with the exception of Questions 6 and 7, you should answer all questions in Part 2 of the form in the affirmative except in the most extreme circumstances (e.g. if the form Cremation 4 medical practitioner is taken seriously ill). However, you should note that Question 2 should only be answered in the affirmative if you have seen and questioned a medical practitioner other than the form Cremation 4 medical practitioner.

QUESTION 1: “HAVE YOU QUESTIONED THE MEDICAL PRACTITIONER?”

34. If you have not been able to see or speak with the form Cremation 4 medical practitioner, you should only complete form Cremation 5 to show that the inquiries have been ‘adequate’. This course of action should only be taken in the most exceptional circumstances, for example when the form Cremation 4 medical practitioner has fallen seriously ill.
35. Medical referees will expect that the evidence offered on the certificates demonstrates sound clinical grounds for the cause of death given, and you should complete form Cremation 5 with this in mind. Medical referees will also expect you to have examined the contents of form Cremation 4 before filling form Cremation 5 and that you fill in all of form Cremation 5.

Forms completed in Welsh

36. The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales, makes provision for the creation of standards of conduct in relation to the use of Welsh and places duties on certain bodies to comply with those standards.
37. The Cremation (England and Wales) (Amendment) Regulations 2017 makes provision for cremation forms to be issued in the Welsh language.

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Other matters

Cause of death – “old age”

38. The General Register Office advises that in certain circumstances and if the deceased is older than 80 years at death “old age” may be an acceptable cause of death for medical certificates. “Old age” alone, however, is unlikely to be an acceptable cause of death for cremation purposes, as the medical referee must be satisfied that the cause of death has been definitely ascertained. “Old age” is commonly given as a cause of death where the deceased has been suffering from a number of conditions leading to death but it has not been possible to decide which particular condition led to the death. Please note that we cannot offer substantive guidance on any clinical matters as these are ultimately decisions for you to make. However, you should bear in mind that medical referees need to be satisfied that “old age” is an appropriate cause of death in all the circumstances. It cannot be used where the cause of death is properly “unascertained” and these cases should be referred to a coroner in any event.

Deaths abroad

39. Where someone dies abroad and the body is repatriated to England or Wales for cremation, it is unlikely that you will be in a position to complete forms Cremation 4 or Cremation 5. An application for cremation may be made if a coroner certifies that no post-mortem examination or inquest is necessary and gives form Cremation 6. Enquiries about such cases should be directed to the coroner in whose district the body is lying.

The cremation of body parts

40. The cremation of body parts removed following a post-mortem examination will normally require involvement by pathologists only.

Unidentified remains

41. It is highly unlikely that applications for the cremation of unidentified remains will arise without the involvement of a coroner.

Non-viable foetal remains

42. Foetal remains under 24 weeks of age are not subject to the provisions of the Cremation Act or Regulations, although most crematoria will be prepared to cremate such remains at their discretion. Clearly forms Cremation 4 and Cremation 5 should not be completed.

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Further Information

43. This guidance is not intended to be exhaustive and there will be unique instances that arise where you may require assistance. If you do require any guidance or information that is not covered in this document please contact the Coroners, Burial, Cremation and Inquiries Policy team at the Ministry of Justice on 020 3334 3555 or coronersandburialscorrespondence@justice.gsi.gov.uk

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Annex A – European Economic Area

European Union Members: Universities where Primary European Qualifications can be obtained within each state

Austria – Graz, Innsbruck, Salzburg, Salzburg (Paracelsus), Vienna (Wien)

Belgium – Antwerp, Brussels, Diepenbeek (Limburg), Gent, Louvain (Leuven), Liege, Mons, Namur

Bulgaria – Pleven, Plovdiv, Sofia, Trakia (Thrace), Varna

Cyprus – Medical Council of Cyprus (equivalent to General Medical Council)

Czech Republic – Brno (Masaryk Univ.), Hradec Kralove, Pilsen, Prague (Charles University), Olomouc

Denmark – Aarhus, Copenhagen, Syddansk (Odense),

Estonia – Tartu

Finland – Helsinki, Kuopio, Oulu, Tampere, Turku

France – Aix-Marseille, Amiens (Jules Verne), Angers, Besançon (Franche-Comté), Bordeaux (Victor Segalen), Brest (Bretagne), Caen, Clermont-Ferrand (Auvergne), Dijon, Grenoble, Univ Scientifique et Medicale Grenoble, Lille, Henri Warembourg de Lille, Limoges, Lyon-Sud, Lyon (Univ Claude-Bernard), Lyon (Alexis-Carrel), Montpellier-Nimes, Nancy, Nantes, Nice, Paris (Denis Diderot), Paris (Pierre et Marie Curie), Paris (René Descartes), Paris-Sud, Paris Val de Marne (Creteil), Poitiers, Reims, Rennes, Rouen, St Etienne, Strasbourg, Toulouse, Tours,

Germany – Aachen, Berlin (Freiuniversität), Berlin (Humboldt), Bochum, Bonn, Dresden, Düsseldorf, Erlangen-Nürnberg, Essen, Frankfurt-am-Main, Freiburg im Breisgau, Giessen, Göttingen, Greifswald, Halle/Wittenberg, Hamburg, Hannover, Heidelberg, Homburg, Jena, Kiel, Köln (Cologne), Leipzig, Lübeck, Magdeburg, Mainz, Mannheim, Marburg, München (Ludwig-Maximilians), München (Technische), Münster, Regensburg, Rostock, Ulm, Witten-Herdecke, Tübingen, Würzburg.

Greece – Alexandroupolis (Thrace), Athens (National), Crete, Ioannina, Patras, Larissa (Thessaly) Thessaloniki,

Hungary – Semmelweis/Budapest, Debrecen, Pécs, Szeged

Iceland – Reykjavik

Ireland – Cork, Dublin (RCS), University College Dublin, Galway,

Italy – Ancona, Bari, Bologna, Brescia, Cagliari, Catania, Catanzaro (Reggio-Calabria), Chieti (D'Annunzio), Ferrara, Firenze, Genova, Messina, Milano, Modena, Napoli, Napoli (Federico II), Padova, Palermo, Parma, Pavia, Perugia, Pisa, Roma, Rome (Campus Bio-Medico), Sassari, Siena, Torino, Trieste, Udine, Varese, Verona

Latvia – Riga (Stradins), Univ of Latvia (Riga)

Liechtenstein – Nil

Lithuania – Kaunas, Vilnius

Luxembourg – Nil

Malta – Univ of Malta (Msida)

Netherlands Amsterdam, Amsterdam (Vrije) Groningen, Leiden, Maastricht, Nijmegen, Rotterdam (Erasmus), Utrecht,

Norway – Bergen, Oslo, Tromsø, Trondheim

Poland –Bialystok, Bydgoszcz, Gdansk, Krakow (Jagiellonian), Lodz (Military), Lublin, Poznan, Szczecin,,Warsaw (Academy and Postgraduate), Wroclaw

Portugal – Beira, Coimbra, Lisbon, Porto (Abel Salazar) Porto

Romania – Arad, Brasov, Bucharest, Cluj-Napoca, Constanta, Craiova, Iasi, Muras, Oradea, Sibiu, Targu Timisoara,

Slovakia –Bratislava, Kosice,

Slovenia – Ljubljana

Spain – Albacete (Castillo la Mancha), Alcalá, Alicante, Badajoz (Extremadura), Barcelona, Barcelona (Autonoma), Barcelona (Pompeu Fabra), Cádiz, Córdoba, Granada, La Laguna Las Palmas de Gran Canaria, Lleida,- –Madrid (San Pablo), Madrid (Autonoma), Madrid (Complutense), Málaga Murcia, Pamplona (Navarra), Oviedo, Reus (Tarragona/Rovira Virgili) Salamanca, San Sebastian (Pais Vasco), Santa Cruz de Tenerife, Santander (Cantabria), Sevilla, Tenerife, Valencia, Valladolid, Zaragoza,

Sweden – Göteborg, Linköping, Lund, Stockholm (Karolinska), Umeå, Uppsala

Switzerland* –Basel, Bern, Genève, Lausanne, Zürich

United Kingdom – 5 years' registration required wherever qualified

*Swiss nationals benefit from EC freedom of movement legislation under the terms of bilateral agreement, signed on 1 June 2002

Annex B – Battery powered and other implants that could cause problems during the cremation of human remains

Pacemakers

Implantable Cardioverter Defibrillators (ICDs)

Cardiac resynchronization therapy devices (CRTDs)

Implantable loop recorders

Ventricular assist devices (VADs): Left ventricular assist devices (LVADs),
Right ventricular assist devices (RVADs), or Biventricular assist devices
BiVADs)

Implantable drug pumps including intrathecal pumps

Neurostimulators (including for pain & Functional Electrical Stimulation)

Bone growth stimulators

Hydrocephalus programmable shunts

Fixion nails

Any other battery powered or pressurised implant

Radioactive implants

Radiopharmaceutical treatment (via injection)