

New processes for death certification in Scotland: GMC guidance continues to apply

The responsibilities we set out for doctors in Good Medical Practice and the supporting explanatory guidance, continue to apply and are consistent with the new requirements in Scotland. The most relevant GMC guidance is highlighted below with links to content on our website.

Treatment and care towards the end of life: good practice in decision making

This guidance provides a framework for good practice when providing treatment and care for patients who are reaching the end of their lives. The link below will take you to the entry page for this guidance with further links to supporting materials including a decision making flowchart with case vignettes.

www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp

Some relevant sections from this guidance are highlighted below.

End of life care: The wishes and needs of the bereaved

www.gmc-uk.org/guidance/ethical_guidance/end_of_life_wishes_and_needs_of_the_bereaved.asp

84. Death and bereavement affect different people in different ways, and an individual's response will be influenced by factors such as their beliefs, culture, religion and values. You must show respect for and respond sensitively to the wishes and needs of the bereaved, taking into account what you know of the patient's wishes about what should happen after their death, including their views about sharing information. You should be prepared to offer support and assistance to the bereaved, for example, by explaining where they can get information about, and help with, the administrative practicalities following a death; or by involving other members of the team, such as nursing, chaplaincy or bereavement care staff.

End of life care: Certification, post-mortems and referral to a coroner or procurator fiscal

www.gmc-uk.org/guidance/ethical_guidance/end_of_life_certification_post-mortems_and_referral.asp

85. You must be professional and compassionate when confirming and pronouncing death and must follow the law, and statutory codes of practice, governing completion of death certificates. If it is your responsibility to sign a death certificate, you should do so without unnecessary delay. If there is any information on the death certificate that those close to the patient may not know about, may not understand or may find distressing, you should explain it to them sensitively and answer their questions, taking account of the patient's wishes if they are known.

86. You must comply with the legal requirements where you work for reporting deaths to a coroner (England, Wales and Northern Ireland) or procurator fiscal (Scotland). You should be prepared to answer questions from those close to the patient about reporting procedures and post-mortems, or to suggest other sources of information and advice.

87. You must treat the patient's body with dignity and respect. You should make sure, wherever possible, that the body is handled in line with their personal religious or other beliefs.

Confidentiality

After a patient's death concerns may arise about whether there are continuing obligations to protect patient confidentiality. This extract from our Confidentiality guidance should be helpful.

Disclosure after a patient's death

www.gmc-uk.org/guidance/ethical_guidance/confidentiality_70_72_disclosure_after_patient_death.asp

70. Your duty of confidentiality continues after a patient has died. Whether and what personal information may be disclosed after a patient's death will depend on the circumstances. If the patient had asked for information to remain confidential, you should usually respect their wishes. If you are unaware of any instructions from the patient, when you are considering requests for information you should take into account:

- (a) whether the disclosure of information is likely to cause distress to, or be of benefit to, the patient's partner or family
- (b) whether the disclosure will also disclose information about the patient's family or anyone else
- (c) whether the information is already public knowledge or can be anonymised or coded, and
- (d) the purpose of the disclosure.

71. There are circumstances in which you should disclose relevant information about a patient who has died, for example:

- (a) to help a coroner, procurator fiscal or other similar officer with an inquest or fatal accident inquiry
- (b) when disclosure is required by law, is authorised under section 251 of the NHS Act 2006, or is justified in the public interest, such as for education or research
- (c) for National Confidential Inquiries or for local clinical audit
- (d) on death certificates, which you must complete honestly and fully
- (e) for public health surveillance, in which case the information should be anonymised or coded, unless that would defeat the purpose

(f) when a parent asks for information about the circumstances and causes of a child's death

(g) when a partner, close relative or friend asks for information about the circumstances of an adult's death, and you have no reason to believe that the patient would have objected to such a disclosure, and

(h) when a person has a right of access to records under the Access to Health Records Act 1990 or Access to Health Records (Northern Ireland) Order 1993.

72. Archived records relating to deceased patients remain subject to a duty of confidentiality, although the potential for disclosing information about, or causing distress to, surviving relatives or damaging the public's trust will diminish over time.