



# National Medical Examiner's Good Practice Series No. 2

## How medical examiners can facilitate urgent release of a body

April 2021

Author: Dr Alan Fletcher, National Medical Examiner

### Contents

<b>About the National Medical Examiner's Good Practice Series .....</b>	<b>2</b>
<b>Introduction .....</b>	<b>3</b>
<b>Recommendations for medical examiners .....</b>	<b>4</b>
<b>Context and background .....</b>	<b>6</b>
<b>Find out more .....</b>	<b>9</b>
<b>Acknowledgments .....</b>	<b>16</b>

## About the National Medical Examiner's Good Practice Series

Medical examiners – senior doctors providing independent scrutiny of non-coronial deaths in England and Wales – are a relatively recent development.

While there is extensive guidance available on a wide range of topics for NHS and public sector staff, the National Medical Examiner's Good Practice Series highlights how medical examiners and medical examiner officers can better meet the needs of local communities and work more effectively with colleagues and partners.

The Good Practice Series is a topical collection of focused summary documents, designed to be easily read and digested by busy front-line staff, with links to further reading, guidance and support.



## Introduction

Where bodies are not under control of a coroner,<sup>1</sup> historical practices in hospital mortuaries have dictated that release of the body cannot occur until after the Medical Certificate of Cause of Death (MCCD) has been completed. This is not a legal requirement, although mortuaries must maintain clear documentation relating to bodies and authorisation of their release.

In some circumstances, bereaved families may have particular reasons to request urgent release of the deceased's body for burial. When hospital mortuaries refuse to release the body until the MCCD is completed, it can cause distress to the bereaved. Implementation of the medical examiner system presents an opportunity to expedite urgent release of the body in many cases, while mitigating the risk of urgent release of the body being agreed when it is not appropriate.

If this approach were endorsed, it would represent a positive response to families' concerns regarding delayed release of the body, it would facilitate more straightforward interactions between hospital staff and the bereaved, reducing the likelihood of mortuary processes adding to families' distress following a death, and it would also uphold and improve good practice, including safeguards regarding disposal of bodies after death.

---

<sup>1</sup> A body will be under the control of a coroner where the death has been notified to the coroner or is to be notified to the coroner, until such time as the coroner confirms they (or any other coroner) are no longer investigating the death or no longer require the body (and have released it).



## Recommendations for medical examiners – urgent release of the body from hospitals

Medical examiners should:

1. **Engage positively with local communities that may have particular wishes or needs regarding release of the body**, to understand what is required and to communicate the arrangements that are feasible.
2. **Actively consider opportunities to facilitate release of a body out of hours with colleagues in other departments such as mortuary and bereavement services.** The National Medical Examiner's [Good Practice Guidelines](#) note the importance of out-of-hours provision.<sup>2</sup> Where the medical examiner service is available out of hours, doctors on duty could contact the medical examiner to discuss the case. The doctor may not have treated the patient in life but can determine from the medical records if the death appears to be natural and expected or explainable. Discussion with a medical examiner may enable this doctor to approve release of the body out of hours and make provision for the team or consultant who was responsible for the patient to complete the MCCD the following morning. It provides additional assurance to the on-duty doctor, enabling them to liaise between families, doctors who provided care, and mortuary and bereavement services, and to complete the release of the body form, with the MCCD being completed by a qualified attending practitioner later.
3. **Maintain appropriate controls regarding release of the body.** The medical examiner can authorise a member of staff to complete the body release form for the family, which will enable an authorised funeral director to collect the body from the mortuary. A doctor or consultant in the team responsible for the patient's care will complete the MCCD at the earliest practical opportunity, thus ensuring that those who complete the statutory documentation do so without a reduced or limited knowledge and understanding of events and care leading up to the death. An exemplar form is attached in Annex 2.
4. **Engage with clinical colleagues, so that where death is imminent, attending teams are aware they can discuss the case with the medical examiner or officer before death to prepare the way for release of the body if death occurs out of hours.** The team responsible for the patient's care should record clear instructions for those on duty when death occurs to minimise distress to the family. Involvement of the medical examiner in natural and expected deaths will allow the body to be released to the family in line with their wishes while awaiting the MCCD the following day.

---

<sup>2</sup> See Section 6 of the National Medical Examiner's [Good Practice Guidelines](#). It is not expected that most medical examiner offices require a continuous 'on call' service.



## Caveats

Medical examiners need to observe the following to ensure legal requirements are addressed:

- a body should not be released for cremation out of hours as there is additional documentation that must be completed.
- deaths that meet the requirement for reporting to a coroner would not be suitable for urgent release. A body should not be released out of hours if there are any unnatural circumstances or if the cause of death is not known. If there is any uncertainty about whether the death has been reported to the coroner, or will need to be, a body should not be released until the position is clarified.
- a body cannot lawfully be disposed of before the death has been registered. If hospitals implement the proposals in this paper, they should inform funeral directors of the change in practice. This will avoid funeral directors assuming the MCCD has been completed, if this was previously required.
- there are also some circumstances where the police or coroner wish to move the body to a public mortuary out of hours. In these cases, a discussion with the medical examiner is not required but the transfer of the body should only be allowed with the coroner's consent.
- mortuary services are likely to require families to sign a form giving permission for the body to be released to the undertaker. If the body is released before the MCCD is ready, the family may have to visit the hospital a second time to collect the MCCD where collection in person is being practised.<sup>3</sup>
- trusts wishing to consider these opportunities must satisfy themselves that their proposed arrangements fulfil their legal and regulatory obligations. They should also ensure that all relevant local stakeholders are fully consulted prior to implementation.

In addition, it is essential that medical examiner offices provide families with realistic expectations about the availability of a process to facilitate urgent release of the body and ensure that medical examiner out-of-hours availability is established and operated in a manner that will be sustainable.

---

<sup>3</sup> [Guidance](#) published by NHS England and NHS Improvement for medical practitioners, and jointly by the Welsh Government and NHS Wales, recommends during the coronavirus pandemic that the MCCD is scanned or photographed and sent from a secure email account to registrars as an attachment.



## Context and background

Bereaved families may have a variety of reasons to request urgent release of the body, such as the death of a child where the family may ask for the body to be released as soon as possible so they can take the child home to spend time with them, or where the family are trying to arrange burial as soon as possible after death. The priority of the bereaved is not necessarily obtaining the MCCD but wishing to expedite release of the body. Medical examiners can facilitate urgent release of the body in many cases, while mitigating the risk of the body being released when it is not appropriate.

It is notable that bereaved families seeking urgent release of the body face more obstacles if the death occurs in hospital. Where bodies are not under control of a coroner, historical practices in hospital mortuaries have dictated that release of the body cannot occur until after the MCCD has been completed. This is not a legal requirement and, while mortuaries must ensure that the bodies they are responsible for can be traced, refusal to release the body until the MCCD is completed can be a source of potential distress to bereaved families. Delays to releasing a body may cause tension between families trying to cope after a death and mortuary staff who do not have the authority to apply current processes flexibly.

If recommendations in this paper are implemented by acute trusts, it will:

- provide a positive response to families who wish to secure rapid release of the body
- facilitate more straightforward interactions between hospital staff and the bereaved, reducing the likelihood of processes adding to families' distress following a death
- uphold and improve good practice including safeguards regarding disposal of bodies after death.

### Deaths in the community – current practice

If the death occurs out of hours at home or in a care provider's establishment (care or residential home), the body can be collected by funeral directors if the death is perceived to be natural. Not every community death will require police or coroner involvement at the outset and the body will be removed from the place of death to relevant funeral premises. In these situations, the death may still be reported to the coroner by the GP the following working day if felt appropriate – commonly this will be due to situations that require a form 100A. On occasion this will also be for cases that require further investigation owing to historical events. Any deaths that are suspicious, unnatural or where the cause is unknown should be reported directly to the coroner and the body moved to a predefined location by a person acting at the direction of the coroner, such as the police or funeral director.

### Deaths in hospital – current practice

Historical practices in hospital mortuaries have dictated that release of the body cannot occur until an appropriate doctor who attended the patient alive recently has completed the MCCD. This is not a legal requirement, although mortuaries must maintain clear documentation relating to bodies and authorisation of their release. Requirements regarding who can complete the MCCD were eased during the coronavirus pandemic, but it will often be expected that a doctor involved in caring for



the patient before death completes the certificate.<sup>4</sup> When death in hospital occurs out of hours, it is likely to be more difficult to contact a doctor who has been closely involved in caring for the patient before death. It may not be appropriate to ask an on-duty doctor who has had very minimal involvement with the patient to complete the MCCD overnight. Doctors in this position may therefore be reluctant to complete MCCDs until normal daytime hospital services are available, delaying release of the body.

Current practice in most hospital mortuaries often dictates that the body cannot be released until the MCCD has been issued to the family, with some hospitals requiring sight of the registrar's Certificate for Burial and Cremation (the 'green form'), as well as a completed release form, prior to agreeing release of a body to a funeral director. There is no legal requirement for this and imposing such local requirements can lead to significant delays in releasing the body.

In cases where the death may be [notified to a coroner](#), it is reasonable to delay release of the body as well as delaying completion of the release of body form and the MCCD. However, this does not justify applying this practice to deaths where the medical examiner is satisfied there is no requirement to notify the coroner, simply because the doctor completing the MCCD is not immediately available.

### **Legal and regulatory considerations**

The proposals in this paper do not alter the relevant legal protections, namely that in a non-coroner case, a funeral cannot take place without the MCCD being issued to the registrar and the registrar having issued the death certificate and the green form.

All requests for urgent release of the body should be treated sensitively and, while every effort should be made to facilitate this, there are legal requirements that must be adhered to. The law does not recognise a dead body as someone's property, but it has been held in case law that the executors, administrators or other persons charged by law with the duty to dispose of the body have a right to its custody and possession until it is disposed of. While sight of a will or grant of administration would help ascertain lawful entitlement to possession before release of the body, it would not be workable for mortuary staff to have to obtain this as part of their routine practice.

It is the responsibility of hospitals to put in place processes, record-keeping and documentation for the safe and correct release of bodies from the mortuary to funeral directors or relatives. UKAS Pathology Accreditation has standards and guidance about the release of the body and record-keeping, which some mortuaries adhere to. These do not stipulate that the MCCD must be issued to the family before the body can be released. The regulatory framework operated by the Human Tissue Authority (HTA) is also relevant to HTA-licensed mortuaries and is covered in more detail below.

---

<sup>4</sup> Requirements are contained in ONS/HM Passport Office [Guidance for doctors completing MCCDs](#), which was updated to include easements during the coronavirus pandemic. NHS England and NHS Improvement, and the Welsh government jointly with NHS Wales, also published [guidance](#) on the wider range of easements during the coronavirus pandemic.



## Release of bodies and coroners

In all cases where the death has been notified to the coroner or it is identified that it should be notified, the body cannot be released unless the coroner has given direct permission to do so. The coroner should be contacted according to local arrangements and the full details of the admission and a proposed cause of death (if known) should be discussed. Many coroners engage with local community groups to improve mutual understanding. The Chief Coroner understands and is sensitive to the fact that some bereaved people have religious and cultural wishes about treatment of a body and burial following a death. Guidance states that coroners should pay appropriate respect to those wishes, within the framework of their legal duties and in the context of their other responsibilities.<sup>5</sup>

## HTA standards

The HTA plays a key role in regulating mortuary activities. HTA-licensed establishments are expected to have sufficiently robust policies and procedures to ensure that the traceability of bodies is maintained up to the point of release from their care. The HTA does not stipulate when a body should be released; however, the traceability of bodies and the associated procedures are included in the HTA's [Post-Mortem sector licensing standards](#) (specifically those that relate to traceability and governance and quality systems), which regulated establishments are expected to meet.

---

<sup>5</sup> [www.judiciary.uk/related-offices-and-bodies/office-chief-coroner/guidance-law-sheets/coroners-guidance/guidance-no-28-report-of-death-to-the-coroner-2010517-2/](http://www.judiciary.uk/related-offices-and-bodies/office-chief-coroner/guidance-law-sheets/coroners-guidance/guidance-no-28-report-of-death-to-the-coroner-2010517-2/)





## Find out more

- [Chief Coroner's Guidance No. 28](#)
- Coronavirus Act – [excess death provisions: information and guidance for medical practitioners](#)
- Coronavirus Act – [excess death provisions: information and guidance for medical practitioners \(Wales\)](#)
- [Guidance for medical practitioners completing MCCDs](#)
- Human Tissue Authority [website](#)
- [Notification of Deaths Regulations 2019 guidance](#)



## Annex 1

### Human Tissue Authority standards

The text below is taken from [Post-Mortem sector licensing standards and guidance](#), published by the Human Tissue Authority (HTA). It should be noted that this annex only provides an excerpt from the HTA standards. HTA-licensed establishments responsible for the storage and release of bodies are required to show evidence of meeting all of the relevant standards. The timing of release of a body is not a matter within the remit of HTA.

#### **Governance and quality systems (GQ)**

*7. Establishments meeting these standards will be able to demonstrate that they have a suitable governance framework, underpinned by clear and controlled documentation, effective audit, staff training and organised record-keeping. In addition, they will have an effective system of risk management and suitable systems to deal with adverse events. The governance and quality systems standards govern the practices taking place on licensed premises, and ensure that they preserve the dignity of the deceased and that the deceased are treated with respect.*

#### **GQ1 All aspects of the establishment's work are governed by documented policies and procedures**

*a) Documented policies and SOPs cover all mortuary/laboratory procedures relevant to the licensed activity, take account of relevant Health and Safety legislation and guidance and, where applicable, reflect guidance from RCPATH.*

*vi. receipt and release of bodies, which reflect out of hours arrangements;*

*xiii. access to the mortuary by non-mortuary staff, contractors and visitors;*

#### **GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and demonstrate competence in key tasks**

*a) All staff who are involved in mortuary duties are appropriately trained/qualified or supervised.*

#### *Guidance*

*This should include all staff who undertake mortuary activities, for example, portering staff, site managers and funeral directors who may carry out mortuary activities out of hours. APTs should be trained in reconstruction techniques to ensure that the appearance of the deceased is as natural as possible. Staff should be encouraged to obtain vocational and educational qualifications relevant to their work.*

...

*c) Staff are assessed as competent for the tasks they perform.*

#### *Guidance*

*This should include for all staff who undertake mortuary activities, for example, portering staff, site managers and funeral directors who may carry out mortuary activities out of hours.*



Assessment of competence should include the standard of APTs' reconstruction work.

...

**GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored**

- a) All procedures related to the licensed activities (as outlined in standard GQ1) are risk assessed on a regular basis.

*Guidance*

*Risks to the dignity and integrity of bodies and stored tissue should be covered.*

*Traceability (T): Establishments meeting these standards will be able to demonstrate full traceability for the human material for which they are responsible, from receipt to final disposal/disposition.*

**T1 Coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail**

...

- b) There is a system to track each body from admission to the mortuary to release for burial or cremation (for example mortuary register, patient file, transport records).

*Guidance*

*Body receipt and release details should be logged in the mortuary register, including the date and name of the person who received/released the body and, in the case of release, to whom it was released. This includes bodies sent to another establishment for PM examination or bodies which are sent off site for short-term storage which are subsequently returned before release to funeral service staff.*

- c) Three identifiers are used to identify bodies and tissue, (for example post-mortem number, name, date of birth/death), including at least one unique identifier.

*Guidance*

*This licensing standard aims to ensure that identification procedures are robust.*

*Any deviation from documented procedures should be considered on a case-by case basis, escalated internally (for example, to the mortuary manager) and documented.*

*Bodies should be identified using a minimum of three identifiers attached to the body that can be used to check the identification of the deceased. Age is not considered to be robust as an identifier; date of birth should be used wherever possible.*

*Where there are fewer than three identifiers on a body, enquiries should be made to obtain a minimum of three identifiers, wherever possible. In cases where the identity of the deceased is unknown, information such as mortuary register number, date of admission to the mortuary and place of death may be used, whilst enquiries are*



ongoing. It is good practice to obtain this information in writing and keep it with the deceased's mortuary record. The additional identifiers should be added to existing or additional identification bands on the body.

If the mortuary register number has been written on the identification band of the body, it may be used to locate a third identifier for the deceased recorded in the mortuary register or other mortuary documentation.

Identification for post-mortem examination or removal of relevant material from the deceased: A minimum of three identifiers of the deceased on the body should be checked against post-mortem examination consent or authority documentation prior to evisceration of the body. Any discrepancies in the identifiers should be thoroughly investigated before the proceeding with the post-mortem examination or removal of relevant material from the body.

Identification for viewings: A minimum of three identifiers of the deceased on the body should be checked against details of the deceased provided by family members when they attend the mortuary for viewings. If family members cannot provide a minimum of three identifiers of the deceased, other information (such as place of death) may assist the establishment in assuring itself that the correct body is prepared for the viewing.

Identification for release from the mortuary: A minimum of three identifiers on the body should be checked against documentation brought by the funeral directors. The mortuary register number can be used as a unique identifier while a body is in the care of the mortuary but should not be used as an identifier for release of a body to a funeral director, unless it has been specifically provided by the establishment beforehand (for example, on a hospital release form).

d) There is system for flagging up same or similar names of the deceased.

#### Guidance

This should consider the sound and spelling of forenames and surnames. The system should include bodies that are moved off site for contingency storage, where they may be returned to the establishment.

...

h) There are documented procedures for transportation of bodies and tissue anywhere outside the mortuary, (such as to the lab or another establishment), including record-keeping requirements.

#### Guidance

Formal written agreements with funeral services are recommended. Coroners usually have their own agreements for transportation of bodies and tissue; however, documentation for traceability purposes must still be maintained by the establishment for these cases.



# Annex 2

## EXEMPLAR FORM FOR THE RELEASE OF A BODY FROM HOSPITAL (Page 1 of 2)

### 1. Details of deceased person

[note: 1, 2, & 4 bereavement service or nominated out of hours individual to complete]

Forename(s).....	Surname or family name.....
Date of birth.....	Date of death .....
Address .....	

### 2. Name and address of hospital releasing the deceased person for collection

Hospital.....
Address.....
.....

### 3. Declaration by the person authorising collection of the deceased person.

I declare that, to the best of my knowledge and belief, I am entitled to take lawful possession of the body for the purpose of burial or cremation <sup>(3)</sup> and I authorise the person or organisation named in section 4 to collect the deceased person and any property noted in section 5.	
Name.....	Relationship to deceased.....
Address.....	
.....	
Signature.....	
Date.....	
<i>or</i> <input type="checkbox"/> <i>Verbal declaration to the person named below</i>	
Name.....	Role .....
Organisation.....	

### 4. Person or organisation authorised to collect the deceased person [see note (4) below]

Name of person or organisation authorised to collect the deceased person and any property remaining on or with the body
.....
<i>Please list or describe any property remaining on, or with, the deceased person's body or state 'None'</i>
.....



**EXAMPLAR FORM FOR THE RELEASE OF A BODY FROM HOSPITAL (Page 2 of 2)**

**5. Declaration by person collecting the deceased person**

I confirm that I have collected the deceased and any property noted in section 4 in accordance with the wishes of the person named in section 3 above. I have also read and understood note (2) below.

Name.....

Organisation.....

Signature.....

Date.....

**6. Declaration by person releasing the deceased person**

**[note: completion by mortuary staff]**

I confirm that I have released the deceased to the person / organisation named in section 5 above and that I have done so in accordance with locally agreed policies and procedures.

Name.....

Position.....

Signature.....

Date.....

**7. Declaration by medical examiner approving the release of the deceased person**

**[note: completion by medical examiner remotely or mortuary staff. If not completed by the medical examiner, the person completing the form must obtain written confirmation from the medical examiner, e.g by email]**

I confirm that I have discussed the circumstances with the attending doctor and I am satisfied:

- there is no apparent reason to report the death to the coroner, and
- the body may be released in accordance with locally agreed policies and procedures, and
- the MCCD may be issued the next working day

Name.....

Position.....

Signature.....

Date.....

or  Verbal declaration to the person named below

Name..... Role.....

Organisation.....



### Explanatory notes

- (1) Where a death occurs in a place with a mortuary or equivalent facility that can be used to keep the deceased person's body, the organisation in possession of the deceased person will usually want to assure itself that there is no duty to notify a coroner, or if notification is required, that there is no need for the coroner to conduct an investigation, before releasing the body. Where a death occurs in a place where the deceased person's body cannot be kept or an attending doctor has advised that there is no apparent reason for the death to be notified to a coroner, the deceased person may be released and removed to a funeral parlour or other suitable place.
- (2) The person or organisation who collects the deceased person will need to wait until a medical certificate of cause of death has been issued (usually on the next working day), or obtain agreement from the coroner, before making or allowing any change to the body (including embalming) that may interfere with a coroner's post-mortem examination.
- (3) You may be entitled to lawful possession of the body for the purposes of burial or cremation if you are entitled to apply for grant of probate to manage the deceased person's estate. This is likely to be the case if you are a personal representative or relative of the deceased person. For further guidance about who is entitled to apply for probate see HM Courts and Tribunals Service leaflet PA2 '*How to obtain probate - A guide for people acting without a solicitor.*' If there is uncertainty or a dispute about who is entitled to lawful possession for these purposes, it would be for the court to resolve.
- (4) Collection of the body does not give an automatic right to bury, cremate or repatriate the body. This can only take place after a registrar has issued a certificate for burial or cremation (this usually takes place after registration of the death, although in some circumstances may take place beforehand) and/or authorisation has been granted by the coroner in the district where the body lies.



## Acknowledgments

This document was drafted following circulation to and input from the following people. The National Medical Examiner is grateful to all for their participation and support:

- Dr Alan Fletcher, National Medical Examiner (Chair).
- Professor David Katz, Board of Deputies of British Jews.
- Daniel Elton, Board of Deputies of British Jews.
- Anne Marie Aherne, Deputy Head of the Chief Coroner's Office.
- James Parker, Head of the Chief Coroner's Office and Private Secretary to the Chief Coroner.
- Jacky Cooper, Team leader – Human Tissue & Ethics of Content, DHSC.
- Jane Crossley, Team Leader – Death Certification Reform, DHSC.
- Mohamed Omer, MBE, Board Member – External Affairs, Gardens of Peace.
- Stuart Cella, Joint Head of Policy, Civil Registration Directorate, GRO.
- Christopher Birkett, Head of Regulation, Human Tissue Authority.
- Douglas Findlay, Lay representative.
- Graham Prestwich, Lay representative.
- Judith Bernstein OBE JP, COVID-19 Death Management Programme, Ministry of Justice.
- Glenn Palmer, Head of Coroners, Burials, Cremation & Inquiries Policy Projects, Ministry of Justice.
- Nick Day, Policy & Programme Lead, Medical Examiner System, NHS England & NHS Improvement.
- Dr Jason Shannon, Lead Medical Examiner for Wales, NHS Wales Shared Services Partnership.
- Dr Suzy Lishman, Royal College of Pathologists.
- Dr Michael Osborn, President, Royal College of Pathologists.
- Professor Peter Furness, Lead Medical Examiner, University Hospitals Leicester NHS Trust.
- Natalie Harris, Healthcare Standards and Governance Lead, Welsh Government.
- Ian Thomas, Welsh Government.

