LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

Protocol for the Remote Verification of Death within Leicester, Leicestershire and Rutland

1. INTRODUCTION

1.1 There is no requirement in English law for a general medical practitioner (GP) or any other specific person to verify death, but it has become custom and practice for this to happen.

1.2 It is important that people faced with a bereavement are well cared for and supported following a death.

1.6 General practice has recently moved to a significant use of remote consultations by telephone or video.

1.7 An agreed process for **Remote Verification of Death** (RVOD) enables GPs and trained HCPs (tHCPs) to oversee the timely and safe verification of death.

1.8 This protocol applies if there has been a request for a GP or other tHCP to verify an expected and natural death. It creates a process to allow persons other that GPs or tHCPs to assist in the recognition that death has occurred and mitigate attendance of other health or emergency service resources to the scene.

2. DEFINITIONS

2.1 **Verification:** the establishment of the fact of death (deciding whether someone has died). This is different from the issuing of the Medical Certificate of Cause of Death (MCCD) issued by a doctor, or the Certificate of Registration of Death issued by a registrar.

2.2 **Remote Verification of Death:** a process to establish the fact of death by a GP or tHCP overseeing a competent adult who is (or was) present with the deceased.

2.3 **Expected Death**. There is no legal definition of expected death, and this definition is provided in context of this guidance only. An Expected Death is any death where due to a known disease process or advanced age (over 80 years old), the attending doctor believes from their own experience or observations from others that the death could have been foreseen (even if not on that specific day or time). In essence it is any death that was not unexpected.

3. SCOPE

3.1 This protocol applies to the verification of death of any adult person aged 18 or over who dies within Leicester, Leicestershire or Rutland (LLR) of a natural and expected death.

3.2 Verification by a GP, or other trained Health Care Professional (Including paramedic, or nurse), overseeing another person who is present with the deceased patient.

4. PROCESS

4.1 On being advised of the death of a person within LLR, a general medical practitioner (GP) or other trained health care professional (tHCP) will discuss with the person reporting the death and establish:

a) Whether the death is either expected, or if the patient/representative had previously indicated they did not want to be resuscitated (ReSPECT or DNACPR form). IF NEITHER OF THESE APPLIES THE CALLER SHOULD BE ADVISED TO COMMENCE CPR AND/OR TO TELEPHONE 999

b) Identity of the deceased person

c) Whether anyone currently present or who could be present within a reasonable time would be willing to assist in RVOD.

4.2 Persons suitable to assist RVOD will be a competent adult and may include:

a) Next of kin, family member, friend

b) Religious or community leader

c) Police Officer

d) Funeral Director

e) Carer

4.3 If there is someone willing to undertake RVOD, then the GP/tHCP will talk the person through a series of questions to verify death and record the information (See Annex One).

4.4 In preference the RVOD will be provided by video link, but where this technology is not available, it can be provided by telephone.

4.5 For a nursing or care home where there has been prior agreement and training, RVOD can be provided by completion and sending a form by email to the deceased patient's registered general practice (See Annex 2).

4.6 If there is no-one willing to assist in RVOD, then verification should normally be provided by a GP or other tHCP.

4.7 The completed RVOD Form shall be:

a) scanned into, or retained in the deceased patient's general practice electronic record

b) kept for the same time period as the deceased patient record

c) provided to the coroner at their request

4.8 Once the GP/tHCP has confirmed verification, the reporting person should be advised that they can arrange removal of the body.

4.9 The GP/tHCP who has completed the verification informs the deceased patient's usual GP or registered practice to commence the process of issuing the MCCD if possible.

4.10 Summary of process is provided by attached Flow Chart (Annex Three)

5. TRAINING

5.1 Specific training is not needed for any GP

5.2 Training for a HCP to oversee RVOD should be provided by their employer.

5.3 Training for staff of care or nursing homes to complete a RVOD form can be provided by a GP.

6. ENDORSEMENT

Leicester, Leicestershire and Rutland Local Medical Committee
Professor C Mason (Senior Coroner, Leicester and South Leicestershire)
L Pinder (Senior Coroner, North Leicestershire and Rutland)??

6. REVIEW

6.1 This protocol will be reviewed:

a) August 2028, or
b) on publication of any pertinent professional national guidance, or
c) following any pertinent change in legislation.

LLR LMC
Version 5
August 2025

ANNEX ONE: Questionnaire

REMOTE VERIFICATION OF DEATH

1) RVOD Carried out by VIDEO❑, TELEPHONE❑

2) Date completed: …….. Time: ……..

3) Name of person overseeing RVOD: ……

   Registration number (GMC, NMC etc): ……

4) Name of Deceased: ……..

5) Place/address of body at time verification: ……

   …… POSTCODE:

6) Time of death ❑ or Time body discovered ❑: ……..

7) Was:
   a) the death expected: YES❑/NO❑
   b) DNACPR and/or ReSPECT Form in place: YES❑/NO❑
   IF NO TO BOTH OF THESE, ADVISE CALLER TO COMMENCE CPR AND TELEPHONE 999

8) Name of person assisting in RVOD: ……..

9) Relationship to deceased or role: ……

10) Response to questions (can be modified depending on the person assisting in RVOD):
    - No response to physical stimuli (pinch earlobe) YES❑/NO❑
    - No signs of spontaneous respiration over 60 seconds YES❑/NO❑
    - No pulse: palpating carotid or femoral pulse/pulse oximeter over 60 seconds YES❑/NO❑
    - Pupils of both eyes fixed, dilated and unresponsive YES❑/NO❑

11) The following to be recorded if reported by person assisting RVOD but should not be specifically asked for and are not a requirement to verify death.
    - Signs of rigor mortis: YES❑
    - No heart sounds: YES❑
    - Hypostasis: YES❑
    - Decomposition evident: YES❑
    - Disruption to the body: YES❑
    - Other (please specify) ……

12) Death Verified: YES❑/NO❑

13) Signed: ……

ANNEX TWO: RVOD Form to be completed by Care or Nursing Home.

REMOTE VERIFICATION OF DEATH IN CARE OR NURSING HOME

1) Date completed: …….. Time: ……..

2) Name of person completing form: ……

   Designation: ……

3) Name of Deceased: ……..

4) Registered general practice: ……

5) Name and address of Care or Nursing Home: ……

   …… POSTCODE:

6) Time of death❑ or Time body discovered❑: ……..

7) Were there any persons present at the time of death? YES❑/NO❑

   If yes please give details (include name, relationship to deceased and contact telephone number):

   ……

   ……

   ……

   Continue on separate sheet if required

8) Was:
   a) the death expected? YES❑/NO❑
   b) DNACPR and/or ReSPECT Form in place? YES❑/NO❑
   IF NO TO BOTH OF THESE, YOU SHOULD COMMENCE CPR AND TELEPHONE 999

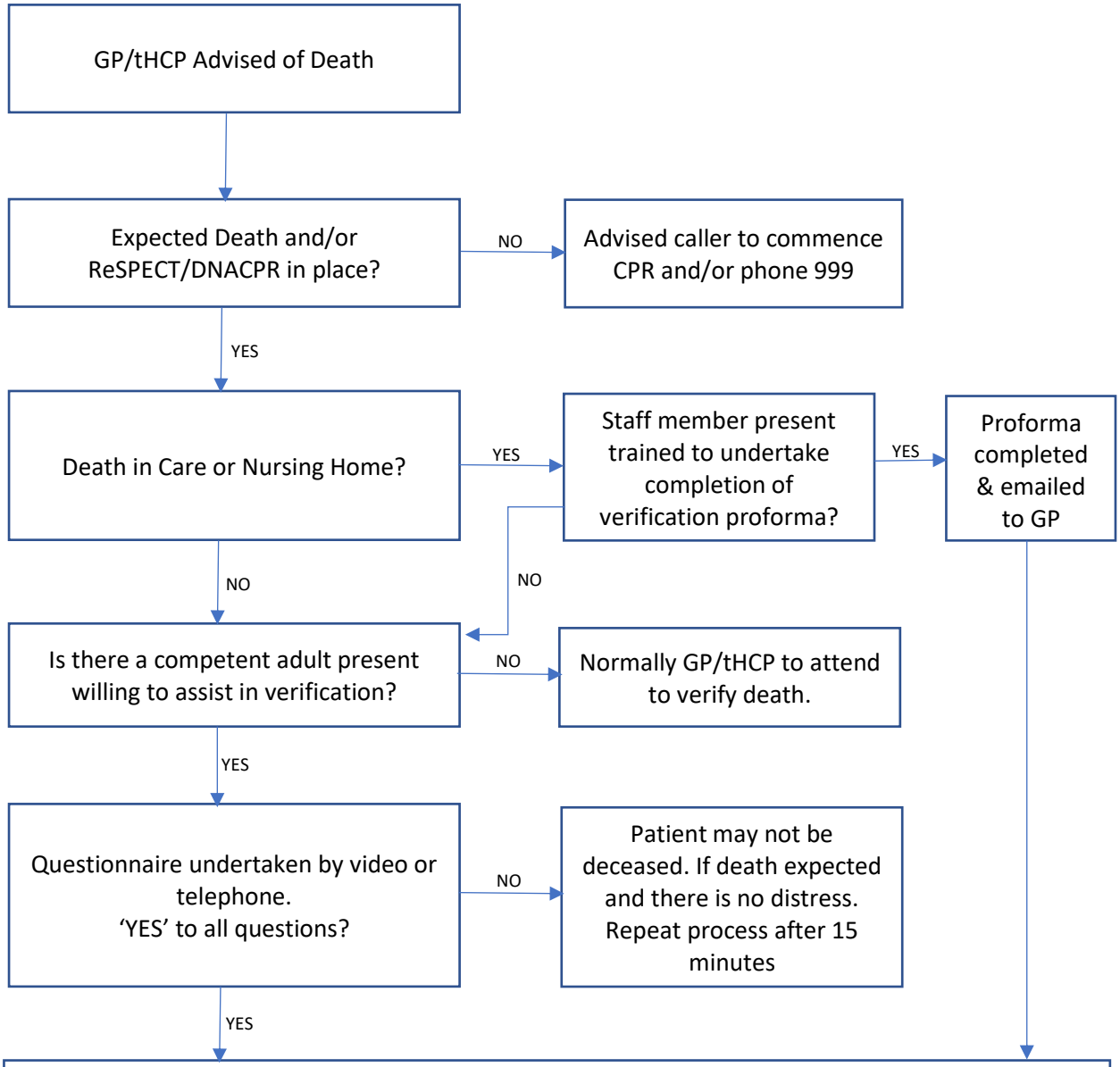
9) Response to questions:
   - No response to physical stimuli (pinch earlobe) YES❑/NO❑
   - No signs of spontaneous respiration over 60 seconds YES❑/NO❑
   - No pulse: palpating carotid or femoral pulse/pulse oximeter over 60 seconds YES❑/NO❑
   - Pupils of both eyes fixed, dilated and unresponsive YES❑/NO❑

9) Signed: ……

Email this form, once completed, to deceased person's registered general practice.

ANNEX THREE: Flow Chart

REMOTE VERIFICATION OF DEATH
LEICESTER, LEICESTERSHIRE AND RUTLAND



REMOTE VERIFICATION OF DEATH PROCESS COMPLETED

1) GP or tHCP confirms Verification of Death.
2) RVOD form completed and saved in record.
3) Usual GP or another GP from the registered practice advised that death has been verified and if they 'attended' the deceased during life to complete Medical Certificate of Cause of Death.