



Ministry of
JUSTICE

Cremation Regulations 2008

Guidance for doctors

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Summary – please read the full guidance carefully

- You must answer **all the questions** on the forms.
- The form Cremation 5 doctor should always properly check Form Cremation 4 – it is your responsibility to check thoroughly both forms and to query any inconsistencies.
- The medical referee is likely to reject **illegible forms**.
- We expect the doctor signing form Cremation 4 to have treated the deceased during the last illness and to have normally 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; the medical referee is likely to reject forms without a proper cause of death.
- **‘Old age’** as a standalone cause of death for over 80s is acceptable for registration purposes, but 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 5 doctors** must be registered medical practitioners for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) is in force, hold a licence to practise.
- Up-to-date information about the qualifications of European doctors is on the General Medical Council’s website – see also **Annex A** of this guidance.
- The form Cremation 5 doctor cannot be a partner or work colleague of the form Cremation 4 doctor or a relative of the deceased; the two doctors must be truly independent of one another, i.e. not on the same team in hospital or a locum at the same surgery.
- It is expected that at least one of questions 2 to 5 of form Cremation 5 will be answered in the affirmative.

General

- 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 incompletely completed forms and may refuse to authorise cremation until the forms are completed to their satisfaction.
- Medical referees also have the power to make any enquiry they may consider necessary about an application or certificate.
- You should assist medical referees in the discharge of their duties by completing the cremation 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 application relates to the cremation of body parts, to a stillborn child or to the exhumed remains of a deceased person who has already been buried for a period of one year or more.

Introduction

1. This guidance provides advice to doctors 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 avoid unnecessary delay to funerals.
2. Forms Cremation 4 and Cremation 5 are available on 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 do not comply with the statutory requirements are not valid. If you have any doubts about the forms you should check with the crematorium manager. The forms made under the previous 1930 regulations may be used until 31 January 2009.

Those who can sign forms Cremation 4 and Cremation 5 – overseas doctors

3. Regulation 17 of the Cremation Regulations 2008 requires the confirmatory medical certificate (form Cremation 5) to be completed by a registered medical practitioner of at least five years' standing. This means a registered medical practitioner who has been fully registered under the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 has come into force, who has held a licence to practice under that Act for at least five years or since that paragraph came into force.
4. So far as overseas doctors are concerned, European Economic Area (EEA) member states must recognise one another'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 on 3 December 2007 by the European Qualifications (Health and Social Care Professions) Regulations 2007 (Regulation 31).

5. Unlike previous Directives, 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 doctor who has a primary European qualification in an EEA member state will be eligible to sign a cremation 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

6. 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 doctor who has given the cremation certificate in form Cremation 4.
7. 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 doctors who complete forms Cremation 4 and Cremation 5 are sufficiently independent of each other in all cases.
8. Similarly, where a junior hospital doctor has completed the certificate in form Cremation 4, the doctor 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).

You should be aware that criminal and General Medical Council proceedings have been successfully brought against doctors who have falsely completed the forms.

Dentists

9. Dentists are not qualified to sign cremation certificates.

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

10. The most frequently occurring errors in completion these forms are:

- (a) failure to complete **all** questions in full
- (b) deletion of questions
- (c) incorrect completion of forms
- (d) illegible handwriting
- (e) discrepancies between the forms as to the date and time of death.

11. 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. The signatures cannot be an abbreviation or a stamp.

12. You must complete the form yourself. It must not be completed by another person on your behalf. The form Cremation 5 doctor should not amend form Cremation 4, but instead record any differences (e.g. as to the cause of death) on his or her own form.

13. 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

14. When you complete form Cremation 4 or Cremation 5 you should be aware that the applicant for cremation has a new right to inspect these forms. **Some of the information which is requested by the forms (in particular, questions 9 and 12 on form Cremation 4) may have been given to you by the deceased in confidence. If it is included in the form it may be disclosed to the applicant for cremation if they chose to inspect the form. If this would be a breach of confidence you may give the information to the medical referee on a separate sheet of paper attached to the form explaining your reasons for this and that the information should not be disclosed.** It is therefore important that you bear this in mind when you complete the forms. You should also ensure that your handwriting is legible.

15. The following paragraphs address some other common issues.

Form Cremation 4 – Medical Certificate

Question 5: ‘usual medical attendant’

16. The usual medical attendant is normally taken to be the deceased’s GP. Where the deceased has been an in-patient in hospital for a short period of time, that is less than 24 hours, it may be better to regard the patient’s GP as the usual medical attendant, rather than the hospital doctor who attended him or her. (See also paragraph 8 above.) It is appreciated that many patients in hospital are treated by a number of doctors.

Question 6: ‘how long you attended the deceased during their last illness?’

17. 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 doctor 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.

18. 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'

19. 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 should refer the death to a coroner.

Question 9: symptoms and other conditions

20. You should complete this box with your observations of the deceased's symptoms etc. in the period leading up to death.

Question 10: hospital post-mortem examination

21. If a non-coronial hospital post-mortem examination, i.e. one requiring consent, has been carried out or supervised either by you or by someone with the necessary five years' period of full registration, you should indicate this here and the cause of death in Question 11 should be the findings of the examination. In these cases form Cremation 5 (the Confirmatory Medical Certificate) is not required.

Question 11: cause of death

22. 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. 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

23. 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

24. The doctor completing form Cremation 5 must be able to contact the people you name. Therefore you must give full names and contact details.

Questions 20 and 21: referral to coroner/coroner's office

25. You are asked to ensure that a coroner is notified if any suspicious circumstances come to your attention. In cases where either of the form Cremation 4 or form Cremation 5 doctors has consulted a coroner but the coroner does not consider that his or her involvement is necessary, this should be recorded by the medical practitioner concerned.

Question 23: implants

26. Some implants cause a serious health and safety risk at the crematorium and must be removed.

Form Cremation 5 – Confirmatory Medical Certificate

Requirement for form Cremation 5

27. Form Cremation 5 is not required where the death occurred in hospital, the deceased was an in-patient there, and a post-mortem has been carried out or supervised by a registered medical practitioner of at least five 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 attendant giving form Cremation 4 knows the results of the examination.

28. If form Cremation 5 has been completed where there is no need to do so, any fee paid should be refunded to the applicant.

29. 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 should explain any discrepancy.

30. We consider that, with the exception of Questions 6 and 7, you should answer in the **affirmative** all the questions in Part 2 in all but the most extreme circumstances (e.g. if the form Cremation 4 doctor is taken seriously ill, for example). Nevertheless, Question 2 should be answered in the affirmative **only if** you have seen and questioned a medical practitioner **other than** the form Cremation doctor.

Question 1: ‘have you questioned the medical practitioner?’

31. If you have not seen or spoken to the form Cremation 4 doctor, you should only complete form Cremation 5 to show that the enquiries have been ‘adequate’. This should only be necessary in the most exceptional circumstances, for example when the form Cremation 4 doctor has fallen seriously ill.

32. 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.

Causes of death – old age

33. The General Register Office advises that in certain circumstances and if the deceased is older than 80 years of age ‘old age’ may be an acceptable cause of death on 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. We cannot offer substantive guidance on a matter which must ultimately be a clinical decision for you. However, medical referees must 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 which should on that account be referred to a coroner.

Deaths abroad

34. 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. Enquiries about such cases should be directed to us or to a coroner.

Body parts

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

Unidentified remains

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

Cremation of non-viable foetal remains

37. 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.

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), University 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 – five years' registration required wherever qualified

*Swiss nationals benefit from EC freedom of movement legislation.

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