



The Royal College of **Pathologists**

Pathology: the science behind the cure

**Response from the Royal College of Pathologists to
Ministry of Justice consultation on cremation
following recent inquiries into infant cremations**

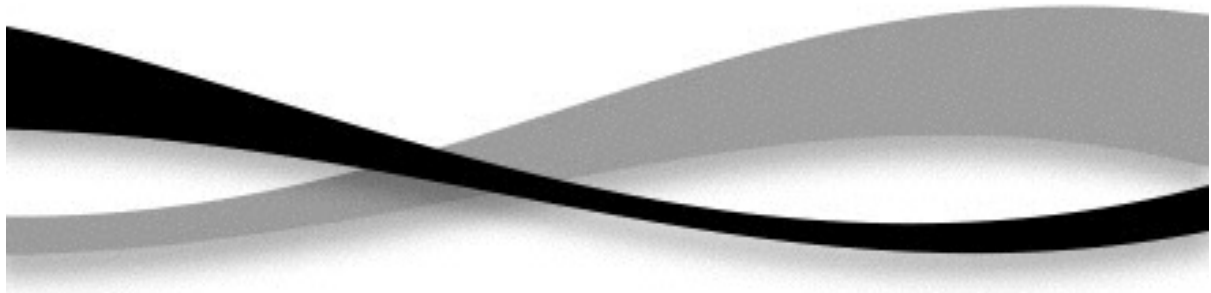
The Royal College of Pathologists' written submission

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists comments were made by Cellular Pathologist Fellows of the College during the consultation which ran from 8th January 2016 until the 25th February 2016 and collated by Dr Rachael Liebmann, Registrar.

2 General Comments

2.1 College Fellows welcomed the consultation as a number of key issues are addressed which currently cause hospitals and local communities problems and concerns which are undesirable, particularly at the sad time when these services are required.

2.2 Standardisation and accreditation of crematoria and funeral services is considered necessary to ensure a standard service to the community across the UK with the assurance that the deceased are treated with the same care and to the same quality standard as they are treated within the hospital mortuaries under the Human Tissue Act and ISO 15189 accreditation. Standardisation of the services and associated paper work across the UK will also help hospitals and mortuaries standardise their practice to interface with them. This is important as the current process seems to be different in every hospital. This lack of consistency is confusing to the hospital staff and the local community accessing the services.

2.3 In the view of the RCPATH respondents to the consultation, standardisation of care for the deceased needs to be applied to the fetal remains of less than 24 weeks but this is not without considerable cost implications - see Case Study below. The information and support given to bereaved parent/s must be the same as for any other bereavement.

2.4 The main difference currently between the care of other deceased and fetal remains of less than 24 weeks is that bereaved parent/s usually opt for communal cremation organised and funded by the hospital which is a unique situation.

2.5 However there is reference in the consultation to the potential return of ashes from fetal remains of less than 24 weeks and it must be realised that individual cremation is required to enable this. If the cost for the funeral arrangements continues to fall on the hospital this would represent a very significant additional cost to hospitals performing this service for their community.

2.6 To date, sensitive disposal of fetal remains of less than 24 weeks has been a 'grey area' resulting in standards of care and service varying widely between organisations. A central policy with clear guidelines and standard paperwork would be welcome.

2.7 There should be a statutory form for the UK to standardise the cremation application process across the UK to avoid local versions of the form and variant practice. There may be problems with non-statutory forms being completed fully and accurately.

2.8 For the most part crematoria have provided the cremation of fetal remains of less than 24 weeks as a discretionary service. This needs to change to become a mandatory service with standard fees across the UK.

3 Responses to the specific areas of enquiry

3.1 College Fellows considered that 'ashes' should be defined in legislation as 'all that is left in the cremator at the end of the cremation process and following the removal of any metal'. The legislation should also define who has the right to apply to avoid local interpretation and variation.

3.2 With regards to the individual cremation of remains of more than 24 weeks gestation, the consent for cremation completed by the parent/s should also contain specification and consent for what should happen to the ashes. The return of the ashes to the parent/s may have a service and cost impact and this needs to be made explicit with standardised and open methods for payment.

3.3 In the view of the Cellular Pathology respondents the statutory application form for cremation should be amended to include options for ashes so that the process is standardised through out the UK and all crematoria have to comply. A time frame for collection should be stated along with a contingency option if not collected within the time frame.

3.4 In the event that the ashes are not returned we consider that the crematorium should send a copy of the register entry to the applicant so that there is reassurance that the ashes have been scattered and the applicant has the location confirmed. The recommended processes for dealing with uncollected ashes are considered to be appropriate and the proposed retention times reasonable.

3.5 Fetal remains are often so small that ashes from an individual cremation are sometimes negligible and therefore cannot be recovered to return to the bereaved parent/s. Whereas the communal cremation process cannot allow the recovery of individual ashes. The cremation application process should ensure an explanation is given regarding the complications that can occur with ashes so that applicants for cremation have a reasonable expectation when they apply. It can and should be explained that on rare occasions there are no recoverable ashes. If no ashes are recovered from an individual cremation, the applicant should be informed with the likely reasons and a record made in the register.

3.6 All records should be retained for 50 years, or indefinitely, if possible, either in electronic or hardcopy form. Records in electronic form would be less problematic to store and the information easier to retrieve. Costs would include IT support and document scanning. Record-keeping to this standard should be included in the cost of the cremation.

3.7 College Fellows are of the view that the appointment of an inspector would be the most effective way to monitor working practices and ensure standards at crematoria and should cover all quality and health & safety aspects of the cremation service including finances and billing. Annual inspections would be recommended with a standard report submitted to Ministers within 14 days of the inspection. Inspection results should be published with the emphasis on best practice and encouragement for crematoria to adopt best practices.

3.8 The inspectors role should not include complaint handling but they should inspect the complaint handling process implemented by the crematoria management. The inspection remit should extend to the funeral industry to ensure the continued high standard of care of the deceased as expected in the mortuary prior to release of the remains. All crematoria and undertakers should sign up to be accredited or pay a licence fee to government which should fund the cost of the inspector and associated administration.

3.9 The working group's aims and objectives should be similar to those of the Scottish National Committee.

3.10 College Fellows considered there should be a requirement for accreditation and no differences in Codes of Practice based on the region of the UK. Fetal remains should be treated in the same way as any other remains apart from the option for communal cremation. Therefore, with the exception of the option for communal arrangements, cremation of human remains, regardless of age, should be carried out to the same standard. The same regulated application process should be appropriate in all cases of fetal remains, less than 24 weeks gestation to avoid potential discrimination based on the nature of the loss of pregnancy.

3.11 The Code of Practice should incorporate clarity on the recovery of ashes which should also be standard across all crematoria and should be based on the best practice for recovery of ashes. The Code of Practice should be reviewed annually to ensure compliance with any developments suggested by the national committee. Adherence to the Code of Practice should be monitored by audit of the records kept by the inspectors. The RCPATH recommends that non compliance should be publicly reported to encourage compliance with the code and to ensure the public have assurance about the service.

3.12 The number of requests for cremation has not decreased or increased since March 15 when the HTA guidance was published based on an audit of the records of some of our respondents. In the view of the respondents guidance is followed at all times.

3.13 In the experience of the Cellular Pathologists included in this consultation crematorium staff are not permitted to look at the cremation consent forms for the communal cremation of fetal remains under 24 weeks gestation arranged by the hospital. Hospital staff provide an anonymised reference number to the crematorium staff. This is to protect the

confidentiality of aborted fetal remains and to ensure they are handled and cremated without discrimination. Regulation would make little difference to hospitals in this regard as they are already compliant with HTA guidelines, in our view.

3.14 In the view of the College Fellowship consulted, for a hospital-arranged cremation of a fetus of less than 24 weeks, the application form should confirm that the parent/s (or in the case of shared cremations, parent/s of each of the fetuses) have agreed to the hospital applying for the cremation and that it may not be possible to recover ashes after the cremation, and confirm that the parent/s understand this. We consider that it should also be made clear that communal cremations cannot return individual ashes. Options regarding the disposal of ashes will need to be clear but may vary from crematorium to crematorium.

3.15 It should be possible to design a cremation application form for fetuses under 24 weeks which will apply whether the bereaved parent/s or the hospitals are arranging the cremation. Countersignature are regarded as a good idea to ensure that the signature has not been counterfeited, but it should be acceptable for the signature to be that of the family or the clinical care team.

3.16 In the experience of the respondents there is always a medical certificate which states that the pregnancy loss occurred before 24 weeks gestation and showed no signs of life. This can be accomplished by having a two-sided A4 form with both aspects included. This assists with the scrutiny of the forms by hospital staff. A medical certificate should be required for a cremation to ensure that there are no suspicious circumstances surrounding the loss of pregnancy (as cremation would destroy possible evidence) and that the fetus was delivered with no heartbeat and would thus be considered pre-viable as opposed to a neonatal death which should be treated as a still birth. The medical certificate is considered to be the equivalent of a death certificate for a child or adult body.

3.17 For hospital-arranged communal cremations, the crematorium should be required to record the unique, but anonymous, identifier of each fetus and the location of any communal ashes in their registers. The identifier will protect all aspects of confidentiality and provide a link to the full hospital records. For private cremations arranged by the parent/s, the same information should be recorded as for a standard adult cremation.

3.18 RCPATH respondents to the consultation did not regard any of the proposals in the consultation document to represent a disproportionate impact on those with a protected characteristic nor to have an adverse effect on family life.

4 Case Study from Wales

Courtesy of Dr Rhianon Webb, we include the following as an example of the current processes in action and the implications of the proposals if implemented.

4.1 The Cwm Taf University Health Board policy '*Path02 - Policy for the sensitive disposal of fetal remains of less than 24 weeks gestation*' states that the bereaved parent/s are offered the full range of sensitive disposal options available to the Health Board from bereavement services. They are also fully informed that they may make private funeral arrangements for the fetal remains.

4.2 In the event that the bereaved parent/s opt for a Health Board cremation it is explained that the remains will be cremated communally with other fetal remains and therefore, where ashes are recovered, they will not be from an individual set of remains. The policy explains that individual ashes are therefore not available to return to bereaved parent/s following a Health Board cremation but communal ashes recovered are scattered the day following the cremation at named sites for each crematorium.

4.3 The consent form that the bereaved parent/s sign to apply for cremation clearly provides the options available, confirms that all information has been given about the options and that recovery of individual ashes is not possible when the parent/s choose the option of Health Board cremation.

4.4 Between April 2014 and April 2015, 691 sets of fetal remains of less than 24 weeks gestation were cremated at sites within Cwm Taf University Health Board. To ensure all remains are cremated within 3 months of delivery, cremations take place on each site every other month, resulting in 12 communal cremations a year.

4.5 For this Health Board each cremation costs the same as 1.5 adult body equating to £11,268 a year for this service added to the cost of transport to the crematoria by the contracted funeral directors.

4.6 To provide individual cremations for each set of remains, the costs would be £432,566 upwards per year for this service in the Cwm Taf University Health Board and return of ashes still could not be guaranteed in every case.