New Zealand Nurses Organisation

Submission to the Law Commission On

Final Words: Death and Cremation Certification in New Zealand

Issues Paper 23

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ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over **46 000** nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment your issues paper *Final Words: Death and Cremation Certification in New Zealand*.

2. NZNO has consulted its members - Te Runanga, Regional Council and Board members and members of our specialist Colleges and Sections - and staff, in particular Professional Nursing, Industrial, Policy, Research and Legal Advisers, in the preparation of this submission.

3. This is a thorough document, which accurately describes and identifies the risks to public safety the current fragmented and unsatisfactory situation

regarding death certification processes poses, and which canvasses some positive solutions.

4. NZNO particularly congratulates you for raising the wider ethical issues around death certification and investigation, such as the extent to which jurisdiction should extend into the medical arena and geriatric and end of life decisions, which require wider public debate.

5. This submission focuses on the nursing interface, and the potential for authorisation of some nursing scopes of practice to include death certification, as the issues paper suggests.

6. We support revised regulation which would authorise Nurse Practitioners (NPs), to sign death certificates and, in settings such as Residential Aged Care and rural primary health care practice where it would be useful, appropriately trained and qualified Registered Nurses (RNs) with a current practising certificate.

7. We discuss why the term "nurse manager" could be misleading in the context of aged care with regard to the DHB Aged and Residential Care contract where the term of "clinical manager" is defined and used.

8. We also suggest there could be some merit in considering extending authorisation of death certification to other regulated health practitioners in a state of emergency involving significant loss of life.

9. NZNO recommends that you:

   - **Note** our support for revision of certification of death processes;

   - **Agree** NPs should be authorised to certify death;

   - **Agree** that death certification should be part of the RN expanded scope of practice**;** and

- **Agree** that provision should be made for other regulated practitioners to certify death in a state of emergency.

OPTIONS FOR NEW ZEALAND

What level of scrutiny is appropriate?

10. NZNO agrees that, despite improvements stemming from changes to the Coroners Act, the current death certification system is inconsistent and could potentially pose a risk to the safety of the public.

11. The cause of death does not require verification by a second medical practitioner. Certification processes are currently not nationally consistent and lack peer review and robust, independent auditing of the causes of death. This in turn may be rendering national statistics on the causes of death to be inaccurate and unreliable for analysis purposes.

12. While we have not formed an opinion on which statutory body should be responsible for the certification and coronial processes, we would support tighter control and scrutiny by utilising the normal peer review channels required of clinicians regulated under the Health Practitioners Competence Assurance Act 2003 (HPCAA), developing nationally consistent guidelines, and ensuring regular, independent auditing.

13. We agree that there is a wider ethical context around end of life care which needs to be more fully and publicly debated and considered which. We draw your attention to NZNO's position statement *The Role of the Nurse in the Delivery of End of Life Decisions and Care* which is available from our website[1].

Certifying deaths in hospitals

14. NZNO supports clinician-led quality control, which includes where possible multi disciplinary team peer review.

[1] http://www.nzno.org.nz/Portals/0/publications/End%20of%20Life%20Care%20-%20Position%20Statement.pdf

15. We believe having a requirement for all facilities to implement clinical auditing of all death certificates would be a sensible, cost effective way to begin certification reform.

16. Responsibility for multiple reporting, i.e. to the Ministry of Health's health information team and the chief coroner as suggested, should be unnecessary with multiple access electronic data systems.

17. We note that, in hospitals, RNs are the clinicians who generally have first contact with the death of a patient, particularly in ED, acute care, gerontology, and critical care wards, and should have access to similar advice, education and training about death certification and recognition of reportable deaths, as junior doctors. A consistent approach across all health practitioners is the safest and most practical way of ensuring consistency and accountability. The responsibilities of nurses and doctors may differ, but the approach must be the same for all clinicians.

18. While there is access to doctors in hospitals, the time delays can still be considerable between the time of death and completion of a death certificate. Timely certification of death is currently a medical responsibility, and the profession must ensure appropriate expert medical advice is available for junior doctors (and GPs).

19. With regard to updating the Ministry of Health's *Guide to certifying deaths*, we highly recommend inclusion of the best practice model in CCDHB's *Guide to Tikanga* which provides practical guidelines for health professionals for the treatment of death and handling of body parts for Māori. NZNO's Te Runanga o Aotearoa has endorsed this Guide; NZNO and Te Runanga board members have undergone the CCDHB training which accompanies the Guide. Similar guidelines should be developed for health professionals working outside hospital settings.

20. We support expanding the Ministry of Health guide to include a guide to reportable deaths.

The case for separating "cause of death" certification from "verification of life extinct"

21. "Verification of life extinct" certification is currently used in areas such as EDs, though in some areas this appears to be less commonly used than in the past. There does not appear to be any concern with its use, which is primarily to initiate and speed up the certification process where, for example, death has occurred outside the hospital and the body needs to be transferred into the mortuary.

Who can certify?

22. NZNO supports authorisation being extended to appropriately educated and trained health practitioners who are regulated, and hold a current practicing certificate.

23. NZNO recommends that NPs, expert nurses with a post graduate qualification who have met Nursing Council's requirements for NP registration, should be authorised to certify death. Continuing legislative and regulatory barriers to the full utilisation of this scope of practice years after its introduction and decades after evidence of the safety and effectiveness of the NP role, is insupportable, especially in view of speed with which imported roles, for which there is no education pathway, for example Physician Assistant, have been introduced to the New Zealand health workforce.

24. The nature and level of NP education is such that their authorisation should certainly not be restricted to signing death certificates only in the situation where they are the deceased's lead carer.

25. The paper also explores the potential of Nurse Managers of residential aged care facilities should be authorised. We advise that "nurse manager" is an inappropriate and inexact title for a number of reasons. A manager may be an RN, but not hold a current practising certificate, for instance.

26. Changes to the DHB Aged Residential Care Contract (ARCC) mean that Residential aged care facilities no longer have to have a manager who is a

clinician; the title "Clinical Manager", which is defined as an RN with a current practicing certificate is the term used.

27. There are many health settings other aged care in which it would be equally appropriate and useful for appropriately qualified and trained RNs in extended roles to be able to certify death, for example, rural nurse specialists, whose expanded scope of practice could include authorisation to certify death.

28. NZNO also recommends consideration of provision being made for extending the authority to certify death to other regulated health practitioners where there is a state of emergency, for example during a pandemic, or natural disaster. Protocols already in place facilitated the speedy registration of health practitioners during the recent Christchurch earthquake disasters, for instance, which greatly assisted in the health care able to be delivered.

CONCLUSION

23. NZNO welcomes this review of death certification processes in Aotearoa New Zealand and supports reformation to ensure greater consistency, safety and quality.

24. NZNO **recommends** that you:

- **Note** our support for tighter control and scrutiny to assure public safety, and justice;
- **Note** our support for developing nationally consistent guidelines, and ensuring regular, independent auditing;
- **Note** our support for clinician-led quality control;
- **Agree** that education and training for death certification needs to be consistent for all regulated health practitioners and should included relevant tikanga for treatment of death and body parts for Māori;

- **Note** that, in many settings - aged care, neo natal units, gerontology, nurses are the most likely clinicians to encounter death firsthand;
- **Agree** that NPs should be fully authorised to certify death;
- **Agree** that, with appropriate training and education, certification of death should be within the RN expanded scope of practice;
- **Note** that "clinical manager" is the correct title for the RN manager in aged care;
- **Agree** that inclusion of the best practice model in which provides practical guidelines for health professionals for the treatment of death and handling of body parts for Māori (such as CCDHB's *Guide to Tikanga)* should be included in Ministry of health guide to Certifying Death; and
- **Agree** that provision should be made for extending the authority to certify death to other regulated health practitioners where there is a state of emergency.

Nāku noa, nā

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