

Guidelines



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Pronouncement of Death

Guidelines for Regulated Members

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, September 2011.

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College and Association of Registered Nurses of Alberta
11620 – 168 Street
Edmonton, AB T5M 4A6

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)

Fax: 780.452.3276

Email: practice@nurses.ab.ca

Website: www.nurses.ab.ca

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Death is one of the very important passages in life's journey for which health professionals, including regulated members¹ of the College and Association of Registered Nurses of Alberta (CARNA), provide support in a variety of ways. **The purpose of this CARNA guidelines document is to provide information to guide decision-making and policy development related to pronouncement of death when death is expected.**

In the *Canadian Nurses Association Code of Ethics*, under the value of Preserving Dignity, the responsibility of the nurse in end-of-life care is stated.

When a person receiving care is terminally ill or dying, nurses foster comfort, alleviate suffering, advocate for adequate relief of discomfort and pain and support a dignified and peaceful death. This includes support for the family during and following the death, and care of the person's body after death.

Pronouncement of death is the determination that, based on a physical assessment, life has ceased. There is no official requirement for pronouncement of death. Pronouncement of an expected death is within a CARNA regulated member's scope of practice.

Certification of death is the legally required signing of a death certificate stating the cause of death. Certification of death can only be done by a physician or a medical examiner. In all cases it is only a physician or a medical examiner who can sign the death certificate and that must be done within 48 hours of the death of an individual.

There is no legal definition of expected death. However, for the purpose of this document, the term "**expected**" death refers to when, in the opinion of the health care team, the client is irreversibly and irreparably terminally ill; that is, there is no available treatment to restore health or the client refuses the treatment that is available (CNO, 2009).

Death, as determined by physical assessment, is considered to have occurred when cardiac and respiratory vital signs have ceased (pulseless at the apex and absent respirations) and the pupils are dilated and fixed. "Expected" death also implies that the death of the client has been anticipated by the client, the family and the health team and anticipated events have been planned for in a written plan.

¹ Regulated members of CARNA are: registered nurses (RN), graduate nurses (GN), nurse practitioner (NP), graduate nurse practitioners (GNP) and certified graduate nurses (CGN).

It is important to recognize that the death of a loved one is a difficult time for families, and the pronouncement of death must be made with certainty and compassion. While CARNA regulated members, in certain situations, may pronounce death and initiate assistance for the family in their grieving process, there may be questions and concerns that need to be addressed by the physician or other members of the health care team.

Legislation and Regulation

The question of pronouncement of death is more complicated than it would first appear as there are several legislative acts that have an impact on the pronouncement of death, depending on when or where the death occurs as well as the circumstances in which the death occurs. When considering the development of policy related to pronouncement of death and removal of a body, assistance from legal services should be accessed to ensure that relevant legislation and regulation have been considered. A death that occurs within a health facility is handled differently depending on the type of facility where the death has occurred and the legislation and regulation applicable to that facility (i.e. *Hospitals Act*, *Nursing Homes Act*) or if the death occurs outside of a facility or at home (*Fatality Inquiries Act*, *Co-ordinated Home Care Program Regulation*). The *Vital Statistics Act* states that the Certificate of Death must be signed and completed by a physician within 48 hours.

When a death occurs in an active treatment hospital, covered by the *Hospitals Act*, the regulation *Operation of Approved Hospitals Regulation* section 26(1) stipulates that the body cannot be removed until it has been examined by a physician and the physician has made a signed notation on the record of the time of death.

Section 26(1.1) of the *Operation of Approved Hospital Regulation* states that section 26(1) does not apply to an auxiliary hospital². This means that it is not required that a physician examine a body and pronounce the death. This brings the pronouncement of death at auxiliary hospitals in line with nursing homes.

The *Nursing Homes Act* and regulations do not specify how a death is to be pronounced or when a body is to be removed. If pronouncement of death is supported in the facility's policy, the body could be moved to a funeral home before the certificate of death is

² Auxiliary hospital means a hospital for the treatment of long-term or chronic illnesses, diseases or infirmities (*Hospitals Act*, 2000).

signed by a physician. The Certificate of Death must be signed and completed by a physician within 48 hours.

The *Public Health Act* and subsequent regulations do not specify how a death is to be pronounced or when a body is to be removed. Within the definition section of the *Public Health Act*, community health nurse and institution are defined and the definition of institution includes a supportive living accommodation. The *Co-ordinated Home Care Program Regulation*, under the *Public Health Act*, outlines the requirements for admission to a program and the services, including nursing services, which are provided under this regulation. The palliative care client is defined in this regulation. As an expected death is becoming more common in a private home and community settings, including assisted living facilities, a pronouncement of death policy would need to be in place to provide direction and guidance for regulated members such as those practicing as palliative or home care nurses. The Certificate of Death must be signed and completed by a physician within 48 hours.

The *Bodies of Deceased Persons Regulation*, under the *Public Health Act*, outlines the required practices for the routine handling of all deceased bodies including those instances where the person was known to have a communicable disease with a high risk of transmission that requires additional precautions.

The *Human Tissue and Organ Donation Act* regulates the process for the determination of death when consent for organ donation has been given. Otherwise, there do not appear to be official requirements in the legislation and regulations around the pronouncement of death other than to outline expectations for the removal of a body and the completion of the Certificate of Death.

CARNA recommends that there should be policy in the setting to support who can pronounce death and in what circumstances.

Developing a Policy for Pronouncement of Death

The guidelines in the CARNA document *Health Professions Act: Standards for Registered Nurse in the Performance of Restricted Activities* provide assistance to administrators, managers and regulated members to determine if pronouncement of death should be incorporated as a part of regulated members' practice in a particular practice setting.

Although the guidelines in this document do not pertain specifically to the pronouncement of death, CARNA believes the principles can be effective in determining

if the pronouncement of an expected death should become a part of a the scope of practice for a regulated member in a particular practice setting. Other factors influencing this decision include:

- needs of the client
- context of care
- service delivery model
- knowledge and competency of the health-care professional
- availability of health professionals in the practice setting

The practice of CARNA's regulated members, like that of other health-care professionals, is constantly evolving. In the assessment of client care and nursing practice, employers and CARNA's regulated members may question whether they can pronounce death. Assessment of the clinical situation may indicate that it would be reasonable for a regulated member to do this in a specific practice setting when there is an expected death.

1. Assessment of client need, intent and purpose of the regulated member pronouncing death

The determination of whether or not a regulated member performs a specific intervention such as the pronouncement of death must be mutually agreed upon between CARNA regulated members and other health-care professionals in the practice setting. The determination should be supported by institutional policy, be the same on any shift and driven by the needs of the client, not by the desire for convenience of health-care professionals.

2. Knowledge and skill to perform pronouncement of death

Through their nursing education program all CARNA regulated members have acquired the knowledge, skill and judgment required to assess the presence or absence of vital signs, and should ensure that this knowledge and skill is kept current. Policy related to the process and documentation required as part of the pronouncement of death is the responsibility of the employer and regulated members have a responsibility to be familiar with such policy.

3. Identification and establishment of policies and procedures to support pronouncement of death

The development and implementation of evidence-based policies and procedures is critical to support safe and competent performance of interventions. If it is

deemed appropriate for CARNA regulated members to pronounce death in circumstances where death is expected, it is required that the expected death and anticipated events that have been planned for in a written plan are documented on the client's chart. It is important to remember that pronouncement of death policies are only one part of agency systems that support CARNA regulated members, clients and families dealing with a death.

Unexpected Death

CARNA expects that the physician should continue to pronounce death in unexpected, difficult or unusual circumstances. In situations where death is unexpected, the body cannot be moved and a physician needs to be notified to pronounce death, to determine the cause and sign the certificate of death. CARNA regulated members need to be aware of legislation (*Fatality Inquiries Act*) and agency policies which outline the situation in which a medical examiner needs to be notified.

One of the important aims for pronouncement of death policies will be to ensure that a death which should be investigated is not treated as a death from natural or expected causes.

End-of-Life Issues

Discussion of related issues about end-of-life may provide useful information for residents, families and staff in examining the development of a pronouncement of death policy. The CARNA document *Ethical Decision-Making for Registered Nurses in Alberta: Guidelines and Recommendations* addresses some of these issues in one of the scenarios in the document. The Provincial Health Ethics Network (PHEN)³ may also be of assistance in developing policy around end-of-life issues. The PHEN document *Comfort, Hopes and Wishes Making Difficult Health Care Decisions* (PHEN, 2010) provides information to guide decision-making about medical treatments and ethical issues that may arise during times of serious illness or injury.

³ PHEN website www.phen.ab.ca

References

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- Provincial Health Ethics Network. (2010). *Comfort, hopes and wishes: Making difficult health care decisions*. Edmonton, AB: Author.
- Public Health Act*, R.S.A. 2000, c. P-37.
- Vital Statistics Act*, R.S.A. 2000, c. V-4.

Further Resources Available from CARNA

- *Nursing Practice Standards with CNA Code of Ethics for Registered Nurses* (CARNA November 2005)
- *Hospice Palliative Care: A Position Statement* (CARNA, September 2011)
- *Promoting Continuing Competence for Registered Nurses* (CNA; CASN: Joint Position Statement, June 2004; Endorsed by CARNA Provincial Council December 2004)
- *Registered Nurse Roles that Facilitate Continuity of Care* (CARNA, September 2008)