

## CHAPTER THREE

### The Origins of the Existing Cremation Certification System

#### Introduction

- 3.1 The system of cremation certification has been the subject of controversy for 100 years. Despite strong differences of view as to its value, the system has survived, virtually unchanged, during that time. Meanwhile, cremation has become the chosen method of disposal for the majority of people in the UK. In 1903, the year when the first Cremation Regulations came into force, there were 477 cremations in the UK; in 2001, there were 427,944. Over 70% of deaths in the UK are now followed by cremation.
- 3.2 In this Chapter, I shall set out the history of the procedures for cremation certification and the efforts that have been made over the years to change those procedures. Later in this Report, it will be necessary for me to consider the part played by the Home Office in the development and operation of the cremation certification system. For that reason, it has been necessary to research the history of the system, and the efforts by the Home Office to change it, in some detail. The Inquiry has had access to a large number of documents held by the Home Office, tracing its involvement with the cremation procedures over the last century.

#### The First Cremations

- 3.3 Until the late nineteenth century, cremation was virtually unknown in the UK. In 1874, the Cremation Society of England ('the Cremation Society') was formed **'to promote a more sanitary, reverent and inexpensive method of disposing of the dead'** than the traditional means of burial. Shortly afterwards, the Cremation Society purchased a plot of land at Woking, on which it intended to carry out cremations. The proposal met with fierce opposition from those living in the neighbourhood. Meanwhile, the Government refused to give any assurance that persons carrying out a cremation would not be prosecuted and convicted of an offence against public decency.
- 3.4 In February 1884, William Price<sup>1</sup> was indicted for attempting to burn the body of his child, instead of burying it; a second indictment charged him with attempting to burn the body with intent to avoid an inquest. He was acquitted on both charges. In giving his direction to the grand jury, the Judge, Mr Justice Stephen, expressed his view that, while the practice of burning the dead might be abhorrent to some, he could not declare it to be unlawful. He said:

**'Though I think that to burn a dead body decently and inoffensively is not criminal, it is obvious that if it is done in such a manner as to be offensive to others it is a nuisance of an aggravated kind.'**

- 3.5 Those words provided the reassurance that the cremation movement had needed. Just over a year later, the first 'official' cremation took place at Woking. There were two more that year. Thereafter, the number rose steadily. The Cremation Society developed

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<sup>1</sup> R v Price 1884 12 QBD 247.

procedures designed to prevent cremation from being used to conceal crime. An applicant for cremation had to complete a detailed form of application and to obtain two medical certificates from different doctors, one of whom had attended the deceased. All three documents then had to be examined by another doctor, the 'medical referee'. If satisfied that the certificates disclosed no uncertainty or inconsistency, nor any grounds for suspicion, the medical referee would give the necessary permission to proceed with the cremation. If not satisfied that the certificates disclosed no uncertainty or inconsistency, nor any grounds for suspicion, the medical referee would cause further enquiries to be made, including, if necessary, an autopsy.

- 3.6 By 1900, four crematoria were in existence in the UK and the procedures at each of these were similar to those developed by the Cremation Society. In that year, there were 444 cremations within the UK. Then, as now, some of the crematoria were municipal concerns, owned and run by local authorities, while others were owned and operated by private companies.

### Statutory Recognition for Cremation

- 3.7 In 1902, the practice of cremation received statutory recognition. The Cremation Act 1902 gave burial authorities (i.e. burial boards and local authorities having the powers and duties of a burial board) the power to provide and maintain crematoria. It also placed a duty on the Home Secretary to make regulations governing the maintenance and inspection of crematoria and the conduct of cremations, including regulations prescribing the forms of the notices, certificates and declarations to be given or made before a cremation was permitted to take place. A Departmental Committee was appointed to prepare a draft of the Regulations to be made under the 1902 Act.

### The Report of the Departmental Committee 1903

- 3.8 In their Report, published in 1903, the Committee said:

**'... the point which we have considered of prime importance has been to frame Regulations which, while avoiding unnecessary restrictions such as might discourage cremation or involve undesirable delay in the disposal of the body, would reduce to a minimum the risk of cremation being used to destroy the evidence of murder by violence or poison'.**

- 3.9 As I have described in Chapter Two, the system of registering deaths at this time was extremely unsatisfactory. The law permitted disposal of a body without prior registration of the death. Even if a death were registered, there might be no certificate of cause of death. If a doctor did provide a certificate, he might not have seen the deceased during the last illness, or indeed at all. Moreover, if the certificate of cause of death was vague and uncertain in its terms, it was unlikely to be questioned by anyone. The registrar, who was the only person who would examine it, was not medically qualified and was not therefore in a strong position to question a certificate, unless it gave rise to an obvious suggestion of violence or other suspicious circumstances. The Committee referred to cases where these weaknesses in the system had resulted in burials being used to

conceal evidence of murder. Its Report also drew attention to the possibility that the person giving the certificate of cause of death might himself be the murderer. Examples of killings by doctors were cited and the Committee observed that: '**... such instances ... cannot be disregarded**'. Its members were therefore anxious to devise a system which would detect or deter such crimes. However, their Report recognised that no Regulations could be framed so as to eliminate entirely the risk that cremation might be used for the concealment of crime.

- 3.10 The Report described the procedures already devised and operated by the Cremation Society. The Committee concluded that the second medical certificate required by the Cremation Society, which was intended to be provided by an independent doctor, did not achieve the safeguard that had been intended. Despite the requirement that the second doctor should make '**careful and separate investigation**', it was recognised that, in some cases, no such investigation was made and that '**the certificate usually amounts to little more than a guarantee by another medical man of the good faith of the practitioner who signs the first certificate**'.
- 3.11 The Committee also expressed doubt that the wide discretion given to the Cremation Society's medical referees (who were practitioners of considerable distinction) could appropriately be extended to all practitioners who might fulfil the role of medical referee. Under the Cremation Society's procedures, the medical referee acted entirely on his own discretion in making or not making further enquiries about the death. The Committee felt that, while much must be left to the judgement of individual medical referees, there must be some uniformity of practice. It was also recognised that, as the number of crematoria increased, the medical referees appointed to them might not be of the same calibre as had previously been the case and would therefore require clear rules as to how to proceed. Accordingly, although the Cremation Society's procedures formed the basis of the Committee's recommendations, the Committee proposed a departure from those procedures in several important respects.

### **The Recommendations of the Departmental Committee**

- 3.12 The Committee concluded that responsibility for deciding in each individual case whether cremation was to be allowed should lie with the medical referee. It decided that the medical referee should not, in every case, personally investigate the cause of death so as to reach an independent conclusion on facts that he himself had ascertained. Considerations of geography made it impracticable for one official to make a personal investigation in every case. The Committee therefore decided that the medical referee's role would have to be confined to the scrutiny of the medical certificates presented in support of the application to cremate. The medical referee should examine the medical certificates to ensure that they were satisfactory and, if not so satisfied, he should decline to allow cremation without an autopsy or a reference to the coroner.
- 3.13 The Committee observed that, if it were practicable for medical referees to conduct a personal investigation in every case, it might be possible to dispense with the second certificate. However, since it was not practicable, the Committee felt that the second certificate must be retained. Members of the Committee considered the situation where a

doctor committed murder and subsequently completed the first cremation certificate. That certificate would certainly be good on its face and would therefore be accepted without question by a medical referee who was merely carrying out a scrutiny of the certificates presented in support of the application to cremate. Some further safeguard was required, particularly since cremation of a body precluded the possibility of recovery of the body for future inspection. They proposed that the additional safeguard should consist of an investigation by a second doctor. An independent investigation could not, of course, be guaranteed to reveal evidence of such a crime, but would, the Committee believed, reduce the risk of concealment.

- 3.14 The Committee therefore recommended that, before cremation was permitted, there should be a personal investigation by a doctor other than the medical attendant of the deceased. The investigation might be carried out by the medical referee. If that were not possible, it should be conducted by an independent medical practitioner. That practitioner should be nominated for the purpose by the cremation authority or should hold the appointment of medical officer of health, police surgeon, certifying factory surgeon or medical referee under the Workmen's Compensation Act. It was pointed out that the last three categories of medical practitioners had special experience of cases of death by violence. Physicians and surgeons on the consulting staff of the larger public general hospitals were added to the list of those recommended for eligibility to investigate and provide a second medical certificate. The intention was that the second certifier should be demonstrably independent and of good standing in the medical profession.
- 3.15 If the medical referee were not satisfied that the two medical certificates showed the cause of death definitely, and in terms such as to exclude the possibility of poison or violence as the cause of death, an autopsy should be held. This should be conducted, the Committee said, by a medical practitioner experienced in pathology, who had been appointed by the cremation authority. If the autopsy revealed a sufficient cause of death, the cremation should be allowed. If it did not, and the relatives still wished for a cremation, the case should be referred to the coroner for an inquest. Even if the cause of death had been definitely ascertained, the death should be referred to the coroner if there were any suspicious circumstances surrounding it.
- 3.16 The Committee requested that its proposed Regulations should be regarded as provisional. It recommended that, as the experience of cremation increased, the Regulations might require simplification or, if weaknesses emerged, more rigid rules might be needed. Looking to the future, the Committee said:

**'We look forward to the possibility that ultimately the whole question of death certification and of the disposal of the dead may be brought in every district under the control of some public officer, either the Coroner or the Medical Officer of Health ...'**

- 3.17 In other words, exactly 100 years ago, the Committee was advocating what has been called in the course of this Inquiry a 'one-stop shop', covering all the formalities of death and cremation certification.

## The Cremation Regulations 1903

3.18 The Cremation Regulations 1903 reproduced, in virtually identical terms, the draft Regulations recommended by the Departmental Committee that had reported a short time before. Draft forms were prescribed. Those relevant for the purposes of this Report are:

- the Application for Cremation (Form A), to be completed by the person applying for the cremation, usually the deceased's executor or nearest surviving relative. The contents of this form had to be confirmed by statutory declaration
- the Certificate of Medical Attendant (Form B), to be completed by a doctor who had attended the deceased before death and had seen and identified the body after death
- the Confirmatory Medical Certificate (Form C), to be completed by a second doctor who was the holder of one of the public appointments referred to at paragraph 3.14
- the Certificate after Post-Mortem Examination (Form D), to be completed by a pathologist who was directed by the medical referee to conduct a post-mortem examination
- the Coroner's Certificate (Form E), to be completed by a coroner who had held an inquest on the body of the deceased and was satisfied that no circumstance existed which could render necessary any further examination of the remains or any analysis of any part of the body
- the Authority to Cremate (Form F), to be completed by the medical referee who was satisfied that all the requirements of the Cremation Act and Regulations had been complied with, that the cause of death had been definitely ascertained and that there existed no reason for any further enquiry or examination.

## The Period from 1904 to 1930

3.19 Between 1904 and 1930, the 1903 Regulations were amended several times. However, the procedure for obtaining authority to cremate remained essentially the same as that devised by the Departmental Committee that had reported in 1903.

3.20 The Cremation Regulations of 1930 made a number of changes. The most important of these was the removal of the requirement that the second (Form C) doctor should be appointed by the cremation authority or hold one of the categories of appointment previously specified. By 1930, the annual figure for cremations in the UK had increased to 4533. Many of the 21 crematoria then in existence covered large geographical areas. It had become difficult to find sufficient doctors with the requisite qualifications to sign the number of confirmatory certificates required. Those who were eligible to sign Forms C were, it was said, inclined to claim a monopoly and to charge unduly high fees.

3.21 It was decided that the previous rule should be relaxed. At first, the Home Office proposed that each cremation authority should appoint a panel of suitable doctors (drawn from a wider pool of eligible candidates than previously), who would be authorised to complete Forms C. However, the cremation authorities opposed this idea and Home Office officials

were reluctant to impose upon them a requirement to operate a panel system. The counter-proposal put forward by the cremation authorities was therefore accepted, namely that the doctor completing Form C should be a registered medical practitioner of not less than five years' standing and should not be a relative of the deceased or a relative or partner of the Form B doctor.

- 3.22 By 1930, the Home Office had become concerned that the system of appointing medical referees had broken down. It was decided that the Department must exercise some control over appointments, in order to preserve the original purpose of the system as a precaution against the risk of Form B being carelessly or corruptly completed by the attending doctor. Accordingly, the power of appointment of medical referees and deputy medical referees was transferred from cremation authorities to the Home Secretary, who was to appoint **'such fit persons'** as may be nominated by the cremation authority. It is not clear whether the Home Office ever put in place any mechanism by which it could properly exercise its power of appointment. If there ever was such a mechanism, it cannot have been maintained for long. I shall return to this topic later in this Chapter.
- 3.23 After the passage of the 1930 Regulations, it was no doubt hoped that doctors would be more modest with regard to the fees charged for completing cremation certificates, particularly Form C. No step was taken at that time to exercise any control over those fees and they have continued to be a source of concern ever since. They have come to be known colloquially, and unattractively, as 'ash cash'.

## The Period from 1930 to 1950

- 3.24 During the period between 1930 and 1950, considerable doubts were expressed about the value of the certificate given by the second doctor. Reports submitted by medical referees to the Home Office in 1935 suggested that doctors habitually completed Forms C without making the personal investigation that had been intended by the Regulations. As a consequence, some medical referees thought the form of little practical value. There were particular problems with the completion of Forms C by hospital doctors.
- 3.25 In 1935, as now, Form C (as prescribed by the 1930 Regulations) contained the following questions:
- 1 Have you seen the body of the deceased?**
  - 2 Have you carefully examined the body externally?**
  - 3 Have you made a post-mortem examination?**
  - 4 Have you seen and questioned the medical practitioner who gave the above certificate [Form B]?**
  - 5 Have you seen and questioned any other medical practitioner who attended the deceased?**
  - 6 Have you seen and questioned any person who nursed the deceased during his last illness, or who was present at the death?**

**7 Have you seen and questioned any of the relatives of the deceased?**

**8 Have you seen and questioned any other person?**

**(In the answers to questions 5, 6, 7, and 8, give names and addresses of persons seen and say whether you saw them alone.)'**

- 3.26 The prescribed form contained no requirement that any of the questions on Form C should be answered in the affirmative as a prerequisite to the giving of authority to cremate. Thus, for example, there was no requirement that the Form C doctor should examine (or even view) the body, speak to the Form B doctor or question anyone else with knowledge of the circumstances of the death.
- 3.27 The reports of the medical referees, submitted in 1935, suggested that there was no uniform practice in the completion of Forms C. Most doctors would at least view the body of the deceased and speak to the doctor who had completed Form B, before issuing the confirmatory certificate. However, an examination of the deceased's body was by no means universal and some doctors, it was said, signed Form C without discussing the death with the Form B doctor.
- 3.28 As for questions 5–8 of Form C, it appeared that some doctors invariably answered **'No'** to all of them. The practice among medical referees plainly varied as to the extent of information that they required to be given by the Form C doctor before authorising the cremation. The suggestion was made that some medical referees might be giving authorisation even in the face of negative responses to all eight questions on Form C.
- 3.29 In October 1935, following analysis of the reports, a letter was written on behalf of the Home Secretary to all medical referees, reminding them of the original purpose for which Form C was devised, i.e. **'... as a safeguard against cremation being used to conceal crime ...'** by ensuring that **'a personal inquiry'** was carried out in every case by someone besides the medical attendant of the deceased. The letter expressed the Home Secretary's view that, as a general rule, no Form C should be accepted unless the answers to questions 1, 2 and 4 were in the affirmative. Medical referees were enjoined to remember that Form C was **'an essential safeguard in the system of cremation devised in the public interest'**. Nothing was said in the letter about questions 5–8.
- 3.30 A Home Office memorandum of 1937 records an official's view that a committee should be set up to review the working of the Cremation Act and Regulations and to report on any changes that might be desirable. The author pointed to ambiguities in the wording of Form B and suggested that a footnote should be added to Form C, to the effect that answers to questions 1, 2 and 4 should generally be in the affirmative. Other changes were also proposed.
- 3.31 The memorandum went on to discuss the possibility of abolition of Form C. The author observed:

**'There appears in some degree to have been a return to the system of the Cremation Society in 1902, and the value of certificate C seems nowadays to depend very largely upon the doctor giving it to do his work properly.'**

If Form C were abolished, it was suggested that more work and responsibility would be placed upon medical referees. The need to guard against the use of cremation to conceal crime was again noted. It was anticipated that, as the number of cremations increased, the knowledge and experience of the medical referees would increase also. The fact that the medical referees appointed to the new, local authority-owned crematoria were, in general, medical officers of health was also thought to be a positive step. The author of the memorandum believed that, if medical referees were given greater responsibility, they were likely to discharge it conscientiously. He pointed out that it was in their interests (as appointees of the crematoria) to do so, since **‘nothing would be more detrimental to the interests of cremation than the occurrence of a case in which cremation had been used for the concealment of a crime’**.

- 3.32 In the event, no steps were taken to set up a committee at that time. It was not until ten years later, after the end of the Second World War, that it was decided that the time had come for a thorough review of the system of controlling cremation. This was thought appropriate, in particular, in the light of the desire, expressed in the Departmental Committee’s Report of 1903, that the system devised by that Committee should be regarded as provisional only. In 1947, an Interdepartmental Cremation Committee was set up under the chairmanship of Mr Austin (later Sir Austin) Strutt, a Home Office official. In that year, there were no fewer than 61,160 cremations in the UK and representations were being made by the organisations responsible for running the crematoria (‘the cremation organisations’) that the Regulations should be relaxed. In particular, the Cremation Council of Great Britain (which incorporated the Cremation Society and the Federation of British Cremation Authorities) was pressing for the abolition of Form C, on the grounds that it served no useful purpose and, by adding to the complexity and expense of applying for cremation, served as a deterrent against that means of disposal. However, that view was countered by public concern which had been awakened by press coverage of a case where a doctor had been suspected of murdering his wife. Because she had been cremated, no proper investigation into the death could be conducted.

### The Report of the Interdepartmental Committee

- 3.33 The Committee reported in 1950. It recommended the removal of the requirement that the particulars stated in Form A should be confirmed by statutory declaration. Some changes to Form B were proposed. In particular, it was recommended that it should no longer be necessary for the doctor completing Form B to have attended the deceased during his/her last illness, provided that the doctor had visited the deceased within 14 days and was able to certify the cause of death **‘to the best of his knowledge or belief’**.
- 3.34 The Committee’s Report summarised the arguments put for and against the abolition of Form C. On the one hand, the Director of Public Prosecutions (DPP), the Coroners’ Society of England and Wales (the Coroners’ Society), the British Medical Association (BMA), a number of medical referees and the director of a forensic science laboratory all advocated retention of the requirement for Form C. The BMA said that the completion of Form C was **‘a public duty that the medical profession should be required to take seriously’**. The Coroners’ Society saw Form C as an additional precaution and suggested that it should be **‘revised and slightly strengthened’**.



- 3.35 In favour of abolition were the cremation organisations, the Society of Medical Officers of Health and other medical referees. They pointed to the **'perfunctory manner'** in which Form C was completed in the majority of cases and to the equally perfunctory way in which doctors carried out their examination of bodies before completing Form C. It was said that the charges levied by doctors for completing Form C were a deterrent to choosing cremation as a means of disposal. Those arguing for abolition also pointed out that, in almost 50 years, no case had occurred in which the enquiry necessitated by Form C had led to the detection of a crime.
- 3.36 The Committee nevertheless recommended that Form C should be retained. The Report proposed that any new Regulations **'... should be so worded as to make it a duty on the person giving the confirmatory certificate to answer the questions properly and effectively'**. The Committee also recommended that Form C should be redesigned, so as to combine the functions of both Form C and Form F (the medical referee's authority to cremate). The Committee proposed a return to the previous system, whereby doctors completing Forms C were required to hold a prestigious public appointment. It was recommended that the doctor completing the new-style Form C should be of clearly recognised status, such as a medical officer of health, and should be assisted by a panel of practitioners specially selected by the cremation authority. In the case of a hospital death, it was proposed that the new Form C should be completed by the Medical Superintendent of the hospital or his deputy. It was also recommended that fees for completing Forms B and C should be standardised.
- 3.37 The effect of the Committee's recommendations was that there would be no future need for a medical referee or deputy medical referee. The doctor issuing Form C would give authority to cremate, except in cases where the death had been referred to the coroner and the coroner had issued Form E. In such cases, Form E would operate as the authority to cremate.
- 3.38 The Report suggested that, if cremation became more common (e.g. if cremation followed, say, 50% of deaths), it might well be necessary to consider whether the procedures for burial and cremation should be more closely assimilated.

### The Period from 1950 to 1952

- 3.39 After publication of the Interdepartmental Committee's Report, it fell to the Home Office to consider implementation of the proposals contained in the Report. The cremation organisations were disappointed at the proposal to retain Form C and the BMA was firmly opposed to the abolition of the post of medical referee. The BMA expressed doubts about the suitability of medical officers of health to complete the new Form C, having regard to their lack of recent experience of clinical practice. Doubts were also expressed about the desirability of creating a panel of Form C doctors. If a limited number of panel members were to be selected from the existing pool of doctors eligible to sign Forms C, it was said that this might lead to delay and difficulty in obtaining completed Forms C. On the other hand, if all or most of those practitioners already eligible to sign Forms C were to become members of the panel, no advantage would be achieved. The BMA also observed that relatives would prefer a private practitioner, rather than an official, to come to their home

to make any necessary enquiries before completing Form C; this, of course, presupposed that the certifying doctor would question relatives as part of his investigation before signing Form C.

- 3.40 During 1950 and 1951, the Home Office held a number of meetings with the various interest groups to discuss possible implementation of the changes; the discussions with the BMA included consideration of the level of fees which should be paid to doctors signing Forms B and C. In early January 1952, Mr Howat, who was an official at the Department of Health for Scotland and had been a member of the Interdepartmental Committee, wrote to Mr Strutt. Mr Howat expressed concern at a proposal to agree fees with the BMA without securing the agreement of the BMA to implementation of the recommendations of the Committee. In his letter, Mr Howat said this:

**'If Form C. is to remain, then our first task is to see that it is an honest certificate. I doubt whether its completion by doctors in the present climate is worth five shillings much less two guineas. To give two guineas to a doctor who walks into a room and looks casually (but sympathetically, of course) at a body in a coffin and then walks out, is to my mind just wickedness. I would therefore urge that before fees are further considered we should undertake the revision of Form C. and the preparation of a memorandum describing what the doctor should do about it. Having done that, we could consider again what is the true worth of the Form.'**

- 3.41 Mr Strutt's draft response to Mr Howat expressed the general feeling within the Home Office which, after **'considerable reflection and with great reluctance'**, he had accepted, that the procedural changes recommended by the Committee would not work well in practice. It had been decided that the existing arrangements should be preserved, for the time being at least. Mr Strutt expressed the view that, **'... if the present system is to be perpetuated in any revised Regulations we ought to do all we [can] to see that doctors giving Form C do so in the manner and as intended by the Regulations ...'**
- 3.42 In the event, that draft response was never sent, since a Private Member's Bill, which included a clause empowering the Home Secretary to fix fees for doctors' certificates, was introduced and it was deemed appropriate to delay further discussions until the procedures relating to the Bill had been completed. That Bill became the Cremation Act 1952. It gave power to the Home Secretary to prescribe the fees charged by doctors for issuing Forms B and C, a power that has never been exercised. Instead, the fees charged are those recommended by the BMA. No action was taken pursuant to Mr Howat's suggestion of a memorandum, setting out the duties of doctors in relation to Form C.
- 3.43 Regulations also made in 1952 removed the requirement for a statutory declaration to confirm the contents of Form A. Instead, the form was to be countersigned by a person employed in one of a number of specified professions.

### The Cremation Working Party

- 3.44 After 1952, the number of cremations continued to rise steeply. In 1957, 28.4% of deaths in Great Britain were followed by cremation. The cremation organisations continued to

press for simplification of the Regulations, in particular abolition of Form C. In 1958, the Home Office decided to set up a Working Party, charged with the task of producing draft revised Cremation Regulations. The Working Party, which began its work in 1959, included among its members representatives from some of the organisations actively involved in the day-to-day operation of the cremation procedures.

- 3.45 The most difficult issue facing the Working Party was what to do about Form C. The Working Party took evidence from a number of organisations, among them the cremation organisations, the Association of Clinical Pathologists, the Association of Crematorium Medical Referees and the BMA.
- 3.46 The Association of Clinical Pathologists recognised the possibility that either the deceased's medical attendant or the deceased's family might be criminally involved in the death of the deceased. The Association construed 'criminal involvement' as including concealment of negligence in the treatment of the deceased. They took the view that the purpose of the Form C investigation was to perform a cross-check of the accounts given by the deceased's family and the Form B doctor. The Association stressed that questions 5 and 6 (which ask whether the second doctor has questioned any other medical practitioner who has treated the deceased or anyone who has nursed the deceased or was present at the death) were **'essential if any check is to be made on the attending practitioner'**. The Association believed that no proper check was in fact being performed. It was said that, in some cases, examination of the deceased's body might involve merely looking at the face. The doctor completing Form C was frequently a personal friend of the Form B doctor and **'was naturally reluctant to act inquisitorially'**. The Association doubted whether, having been **'so badly abused'**, Form C could ever be **'restored to usefulness'**. Consequently, the Association suggested that Form C should be discarded and that the role of the medical referee should be strengthened by appointing better qualified medical referees with more time to devote to the task of actively investigating deaths. In addition, the Association suggested that registrars should be encouraged to obtain information from relatives and to communicate this, where appropriate, to the medical referee, thus providing an informal checking mechanism.
- 3.47 I note, in passing, an extract taken from the Association's memorandum to the Working Party, written in 1959, where it was said:

**'It might be worthy of consideration as to whether the Referee could not be in some way associated with the Coroner thereby linking the two so that reference of cases could be easily and expeditiously employed. The whole might ultimately be linked with a medico legal service serving the Coroner in a capacity now occupied by individual pathologists, forensic scientists, serologists, etc. The Referee being a trained forensic pathologist.'**

The similarity of that suggestion, put forward 44 years ago, to the idea for an integrated coroner service that this Inquiry has been considering is striking.

- 3.48 The Association of Crematorium Medical Referees regarded Form C as a valuable safeguard. However, the Association was anxious to see complete independence, both

social and professional, of the Form C from the Form B doctor. Representatives of the Association suggested that future regulations should make clear what degree of association between the doctors was and was not acceptable. The Association was not, however, in favour of the creation of a panel of Form C doctors, as recommended in the Interdepartmental Committee's Report of 1950. Their objections were based on practical grounds and on the assertion that it was to be expected that **'many practitioners would bitterly resent certain of their colleagues being called in to question the relatives of the deceased'**. The Association expressed the view that it was undesirable, except where a case was referred to the coroner, for Form C to be completed without interviewing the relatives. Concern was expressed that the practice of removing bodies to the premises of funeral directors before the attendance of the Form C doctor was having the effect of discouraging Form C doctors from interviewing relatives.

- 3.49 Having considered the evidence, the Working Party concluded that the existing system should be retained and Form C strengthened and improved. That conclusion essentially accorded with the submissions made to the Working Party by the BMA, which supported retention of the existing system, with a revised Form C.
- 3.50 The BMA had stressed the importance of ascertaining the cause of death accurately, not only to prevent the concealment of crime but also to ensure the quality of mortality statistics. A minute of comments made to the Working Party by the BMA representative, Dr John Havard, reads:

**'... the purpose of the Cremation Regulations was not so much to ascertain the fatal disease from which the deceased had been suffering as to determine what caused death. It was only too easy to help an old and chronic invalid out of the world. Although the Form B doctor was in an excellent position to give an opinion as to the nature of the fatal illness, it was essential to confirm his opinion on the actual cause of death. At present the potential criminal was deterred by the knowledge that a second examination by an independent doctor with questioning of relatives, nurses etc. would take place in every [his emphasis] case.'**

- 3.51 In fact, even at the time when those remarks were made, the questioning by the Form C doctor of persons other than the Form B doctor was far from being standard practice. The evidence of the Association of Crematorium Medical Referees, whose members were inspecting completed Forms C on a daily basis, made that clear.
- 3.52 Revised Regulations were drafted, together with revised cremation forms. It was proposed that the revised Form C should be a more searching document than previously. It required a full external examination of the body of the deceased and asked a series of questions about that examination. The form asked the certifying doctor to describe any external marks on the body indicating recent violence or injury and to state an opinion as to their cause, in particular whether they were consistent with the cause of death as stated. The form also asked whether there were any skin puncture marks and, if so, whether they were consistent with the treatment stated on Form B. The form asked, as previously, whether the certifying doctor had consulted with any other doctor (other than the Form B

doctor) or with any person who had nursed the deceased or a relative. However, affirmative answers to these questions were not mandatory. Finally, the certifying doctor was asked whether there was any feature of the illness or death which he wished to draw to the attention of the medical referee. The revised form represented an attempt to ensure that Form C doctors carried out a more rigorous investigation. In particular, it was intended to ensure that they performed a careful examination of the body. However, it was destined never to come into use.

- 3.53 The draft Regulations were circulated in June 1962 and a period of consultation followed. This was protracted and produced the familiar division of opinion. The DPP and the police were in favour of retention of Form C, which they regarded as a deterrent against crime. The BMA and the Association of Crematorium Medical Referees also supported retention. On the other side, the cremation organisations criticised the newly designed Form C as unwieldy; they contended that its complexity was likely to lead to it being completed in an even more perfunctory manner than previously. They continued to press for abolition of Form C or, as an alternative, an amalgamation of Forms B and C, requiring the signature of one doctor only. No agreement was possible and it was necessary for a ministerial decision to be made. In February 1964, the Home Secretary announced his decision that Form C should be retained.
- 3.54 Later in 1964, the decision was taken to set up a Committee (the Brodrick Committee) to examine the systems of death certification and coroners. It was decided that, because of the close relationship between the procedures governing death and cremation certification, the latter should be included in the Committee's Terms of Reference. As a consequence, the attempt at a complete overhaul of the Cremation Regulations was scaled down.
- 3.55 The Cremation Regulations 1965 were of limited scope. They permitted Form A to be countersigned by a householder, in place of a member of one of the professions specified in the Cremation Act 1952. They also gave the coroner power to issue Form E after opening (rather than holding) an inquest. This enabled a body to be cremated before the inquest was concluded.

### **The Report of the Brodrick Committee**

- 3.56 The Brodrick Committee was set up in March 1965. It reported to the Home Secretary six and a half years later, in September 1971.
- 3.57 In its Report, the Committee discussed the BMA paper 'Deaths in the Community', which had been published in 1964. In particular, the Committee dealt with the suggestion that homicides were passing undetected through the existing certification systems. That suggestion was based on a book, 'The Detection of Secret Homicide',<sup>2</sup> by Dr John Havard. Dr Havard was at that time Assistant Secretary (later Secretary) of the BMA and played a prominent part in its dealings with the Home Office over a period of several decades. I referred to comments made by him at paragraph 3.50.

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<sup>2</sup> Havard, JDJ (1960) 'The Detection of Secret Homicide', Cambridge Studies in Criminology, Vol XI. Cambridge: Cambridge University Press.

3.58 The Brodrick Committee took the view that:

**'... the risk of secret homicide occurring and remaining undiscovered as a direct consequence of the state of the current law on the certification of death has been much exaggerated ...'.**

3.59 The Committee reached that view, having noted that:

- (a) A review of 28,108 autopsies carried out on behalf of coroners in the five-year period 1963 to 1967 had revealed that 263 of these autopsies had resulted in findings of unnatural death, despite the fact that the initial report (from a doctor or coroner's officer) suggested that the death had been due to natural causes or did not state a contrary opinion. Of those 263 deaths, one proved to be a case of homicide and, in 17 others (all deaths of infants), violence appeared to have played a part in the death. The Committee was evidently reassured by the fact that those 18 cases were identified for further investigation by the existing system. The Committee did not comment on the fact that the review shed no light on the pattern of death among cases that were not reported to the coroner.
- (b) An examination of all (more than 400) cases of homicide or suspected homicide investigated by the police in 1965 and 1967 had revealed that not one of those deaths had been prematurely or wrongly registered. Investigations into the deaths had begun in all the cases before the stage of certification and registration was reached.
- (c) Of 20 exhumations ordered over a period of ten years, only one resulted in a criminal conviction for homicide and that had been treated as suspicious from the first; the body was exhumed for a second autopsy in an effort to obtain additional medical evidence. During that ten-year period, some 5,500,000 deaths and 2,350,000 burials had taken place. The Committee did, however, refer to a case which had occurred outside the period of their review and in which, as a result of evidence gained from autopsies conducted after exhumations, a woman who may have murdered four husbands was found guilty of murdering two of them.
- (d) Records showed that, in 90% of cases, the doctor completing the MCCD saw the deceased's body after death. The coroner made an enquiry in 20% of deaths. In more than 25% of deaths, an autopsy was carried out. The Committee felt that these factors were powerful deterrents to a would-be murderer.
- (e) The evidence of witnesses did not support the existence of a significant risk.

3.60 The Committee observed:

**'We do not say that there is no possibility whatever of a homicide being concealed under the present procedure for certifying deaths. What we do say is that, balancing all the relevant factors and observable probabilities, there is no requirement to strengthen the present machinery of death certification simply in order more efficiently to prevent or detect secret homicide. So far as detection of homicide is a**

**relevant objective, the present certification system has worked as satisfactorily as any modern community could reasonably expect. Advances in medical science (and forensic medicine) are likely to maintain that position. Our task, therefore, has been to make sure that, in the future system of death certification, an autopsy will be performed in all cases in which there is any doubt about the medical cause of death or suspicion about the circumstances in which the death occurred.'**

- 3.61 The Report went on to consider the specific risk associated with concealment of homicide by the attending doctor. It referred to the general risk, which the Committee considered was **'extremely small'**, and observed:

**'... there is no reason — to put it at its lowest — to think that the risk of homicide by doctors is higher than for any other profession. Apart from this the arguments call in question the quality and to some extent the morality of professional conduct. They also depend for much of their force on the assumption that relatives, friends and others with knowledge of or interest in the death are likely to remain silent if they are dissatisfied with the conduct of the certifying doctor.'**

- 3.62 It is easy now to see that the Brodrick Committee was wrong to conclude that the risk of secret homicide was negligible. That conclusion was to underlie its whole approach to the question of reform. Since the discovery of Shipman's crimes, we know that the risk of homicide by doctors is a real one, although it may occur only rarely. The Brodrick Committee had only the suggestion, made in the BMA paper, that homicides were passing undetected. They concluded, on the basis of the evidence they had examined, that the BMA suggestion was unduly alarmist. I do feel bound to observe that the research on which the Brodrick Committee relied could not, on careful analysis, have satisfied its members that the risk of concealed homicide was minimal. They examined only deaths that had come to the attention of the coroner or the police. They did not consider whether or not there might be concealed homicides that had never come to the attention of either agency, i.e. cases of the Shipman kind. They were also confident that the family of a deceased whose doctor had done something wrong would recognise this and express dissatisfaction. That confidence can now be seen to have been misplaced. None of the relatives of Shipman's victims expressed concern to an official body at the time of the relevant death. Those few who felt any such concern felt inhibited from making it known.
- 3.63 In any event, it was against the background of the conclusion that the risk of concealed homicide was minimal that the Brodrick Committee set about its examination of all aspects of the existing systems. Many of the criticisms of those systems made to the Committee were reiterated to this Inquiry more than 30 years later.
- 3.64 Having reviewed the arrangements for cremation certification, the Committee observed that the process of certification appeared to operate without undue difficulty or delay. Indeed, the Committee concluded that, if judged solely by the test of convenience to the public, the existing system could be said to be generally satisfactory.
- 3.65 However, those actively involved in the operation of the system expressed widely disparate views about its efficiency and value. The cremation organisations and the

National Association of Funeral Directors took the view that the whole process should be simplified. They recognised that, if that were done, it would be necessary to have a **'stronger'** certificate than the existing MCCD; in particular, it would be necessary to have a certificate which required the certifying doctor to examine the body after death. Thus, they were content for Form B (with some modifications) to be retained. However, they saw little value in Form C, except where it was provided by an experienced hospital pathologist following an autopsy. They relied, as in the past, on evidence of the perfunctory manner in which many doctors carried out their enquiries before completing Form C. They maintained their contention that Form C should be abolished.

- 3.66 On the other hand, the BMA again contended that the involvement of three doctors in the cremation certification process was an essential safeguard against the destruction of evidence of crime or neglect. Its representatives argued that the existing requirement that the medical referee should be satisfied that the cause of death had been **'definitely ascertained'** provided a further safeguard. The BMA did not accept that doctors were failing to carry out proper enquiries before completing Form C. The BMA described Form C as the **'lynch-pin'** of the cremation certification process and **'a vital safeguard'**.
- 3.67 Representatives of the Association of Crematorium Medical Referees told the Brodrick Committee that they were generally content with the existing system. They supported the retention of Form C. They believed that the completion of Form C, by a doctor unconnected with the Form B doctor, encouraged greater care in the assessment of the cause of death. They also pointed out that interviews (conducted pursuant to question 6 of Form C) with those who had nursed the deceased, or who had been present at the death, could bring to light **'sources of dissatisfaction and anxiety'** which should be taken into account before completing Form C.
- 3.68 The Police Federation, the Coroners' Society and individual pathologists all stressed the need for safeguards against the concealment of crime to be contained within any system of cremation certification. However, they believed that Form C should be dispensed with and replaced by something better.
- 3.69 Views about the degree of care with which medical referees carried out their duties also differed. The organisations representing the medical profession and crematorium medical referees were adamant that, in general, referees carried out their duties conscientiously and provided a genuine safeguard against crime. However, representatives of the cremation organisations and funeral directors suggested that, in many cases, the issuing of the authority to cremate was virtually automatic on production of the appropriate documentation.

### **The Conclusions of the Brodrick Committee**

- 3.70 The Brodrick Committee concluded that Form B, while far from perfect, served a valuable purpose in concentrating the attending doctor's mind on the need to describe the medical cause of death accurately and on the need to consider whether there was any factor or circumstance which would make it desirable that a further examination of the body should be carried out. The evidence which the Committee had received suggested that Form B was, in general, adequately completed by doctors, although doubts were expressed



about the thoroughness with which the physical examination of the body, if performed, was conducted.

- 3.71 As to Form C, research into practice at four crematoria in different parts of the country revealed the extent to which doctors had recorded on Form C that they had questioned persons other than the Form B doctor. For deaths occurring outside hospital, the percentage of deaths where the Form C doctor claimed to have seen and questioned a person who had nursed the deceased during the last illness or been present at the death varied between 52.6% and 89.6%. At one crematorium, there was no death in respect of which a Form C doctor had recorded having questioned relatives. It is highly likely, however, that some relatives had also given nursing care or been present at the death and had therefore been referred to in response to the preceding question. At another crematorium, relatives had been questioned in connection with 86.1% of deaths. There was little evidence of questions being asked of anyone other than nurses, those present at the death or relatives.
- 3.72 Because of the way in which the figures were presented, it is impossible to ascertain in what percentage of cases the certifying doctor had questioned a person falling within one of the four categories referred to in questions 5–8 of Form C. We now know (although it appears that the Brodrick Committee did not) that, at some crematoria, it has long been a requirement that the Form C doctor must have questioned someone other than the Form B doctor before authority for cremation is given. At other crematoria, no such requirement exists. That may account for the differences in practice between the four crematoria examined by the Brodrick Committee. I shall return to this topic in due course. Meanwhile, it is perhaps interesting to note that, in 1967 and 1968 (the years covered by the information), persons other than the Form B doctor were questioned in relation to deaths occurring outside hospital in more than 50% of cases at each of the four crematoria studied. In the absence of any requirement on the face of Form C to do so, the proportion today would be very significantly lower, negligible in some places.
- 3.73 The Committee observed that, in order for a completed Form C to be valid, and authority to cremate to be given, it was not necessary for any of the eight questions which Form C contained to be answered in the affirmative. It is true that the 1930 Regulations imposed no such requirement and no such requirement is contained on the form as prescribed. However, in practice, no standard version of Form C is issued and each crematorium produces its own. Over the years, some of these forms have come to include various explanatory marginal notes and other additional material. The Forms C issued by most, if not all, crematoria in England and Wales contain a note to the effect that affirmative answers should invariably be provided to questions 1, 2 and 4 (relating to whether the Form C doctor has viewed and examined the body and seen and questioned the Form B doctor). That would no doubt account for the fact that, at all four of the crematoria about which the Brodrick Committee had information, there was 100% affirmative response to those questions.
- 3.74 The Committee went on to observe that the Form C doctor, who knew nothing about the death, had two choices. Either he could complete Form C merely by reproducing the information provided by the Form B doctor or he could make extensive enquiries of his

own. Members of the Committee concluded that most doctors chose the first alternative. They expressed concern about the failure to make enquiries personally, when coupled with the evidence that physical examination of the deceased by Form C doctors was frequently inadequate or non-existent. Thus, they observed, there was no independent element to the enquiry made by the Form C doctor.

- 3.75 The Committee concluded that, except where Form C was completed after an autopsy, it amounted to **‘no more than a statement of confidence in the judgement of the Form B doctor’**. It will be recalled that this was a view that had been expressed by the 1903 Departmental Committee almost 70 years previously in relation to the Cremation Society procedures then in existence.
- 3.76 Information provided to the Brodrick Committee by crematorium medical referees demonstrated that they rarely used their powers to order an autopsy, to report a death to the coroner or to decline to allow a cremation for other reasons. The Brodrick Report recorded that, in 1966, there were 260,685 cremations (other information contained in the Brodrick Report and provided to the Inquiry by the Cremation Society of Great Britain suggests the figure may have been slightly higher). Out of that number, there were 136 cases where a medical referee ordered an autopsy, 171 cases where the death was reported by the medical referee to the coroner and 13 where a medical referee declined to allow a cremation. A small number of medical referees accounted for the vast majority of these cases; for example, the medical referee at Liverpool had referred 103 (out of the total of 171) deaths to the coroner in 1966.
- 3.77 The Committee concluded that, for most of the time and in most places, the giving of authority to cremate was little more than a formality following receipt of Forms B and C. Most medical referees did not have the time or the facilities to do more than satisfy themselves that the Form B doctor was in a position (having regard to the history of his dealings with the patient as disclosed on Form B) to diagnose the cause of death. The Committee observed that the system would have broken down long before if medical referees had taken a strict view of their responsibilities and had **‘assumed that they were the first and last line of defence against undetected homicide’**. The Committee drew attention to the difficulties and anomalies of the role of medical referee, to which I shall refer later in this Report. In the Committee’s view:

**‘It is hard to see that, in his present isolated role of “long-stop” against a threat which we believe to be virtually non-existent, the medical referee has a place within the integrated system of death certification and disposal which we have set ourselves to achieve.’**

### **The Recommendations of the Brodrick Committee**

- 3.78 The Brodrick Committee proposed the wholesale abolition of the existing system of cremation certification. In doing so, the Committee pointed out that there was no evidence that the procedure had ever led directly to the exposure of a previously unsuspected crime. The effect of the recommendation was that all deaths not reported to the coroner would be dealt with alike, regardless of whether disposal was by burial or cremation.

3.79 Changes in the procedures relating to the certification of the medical cause of death were also recommended. In that regard, the Committee proposed that:

- (a) The remit of the certificate should be extended to cover both the fact and the cause of death. In 1971 (as now), there was no official mechanism for recording the fact that death had been diagnosed.
- (b) The certifying doctor should be fully registered. In 1971 (as now), a provisionally registered doctor could certify the cause of death and problems had been caused by such inexperienced doctors performing the task unsupervised.
- (c) The certifying doctor should have seen the deceased at least once during the seven days before death. In 1971 (as now), the relevant period was 14 days.
- (d) The certifying doctor should be obliged to inspect the body before certifying the fact and cause of death. In 1971 (as now), the doctor was not required to inspect the body after death if he had seen the deceased within the 14 days preceding death.
- (e) The certifying doctor should issue the certificate only if **'confident on reasonable grounds that he can certify the medical cause of death with accuracy and precision'**. This was to replace the requirement (still applicable) that the doctor should state a cause of death which was true to the best of his knowledge and belief.
- (f) A doctor who had attended the deceased in life, or was called to attend and found him/her dead, should, if unable to certify the cause of death, report the fact of death to the coroner. In 1971 (as now), there was no statutory duty on a doctor to make a report to the coroner in circumstances where a death was reportable. The effect of the Committee's recommendations would have been to impose such a duty.
- (g) The doctor should follow up a report to the coroner by sending to him the certificate of fact and cause of death, containing as much information about the death as the doctor was able to provide.
- (h) A new certificate of the fact and cause of death should be introduced, incorporating a number of changes.

I observe that, even if these changes had been implemented, the system of death certification would still have been dependent upon the integrity of a single doctor.

3.80 The Committee was satisfied that the changes in the procedures for the certification of the medical cause of death would achieve a significantly higher degree of certainty that the cause of death had been accurately established before registration of the death than had previously been the case. Thus, the changes would provide an adequate safeguard, even in a death followed by cremation, where the body would not be available for further examination in the future. The Committee urged that all the recommendations which it had made should be implemented at the same time and as soon as possible. The Report went on to say this:

**'But if, for any reason, there is a likelihood that the changes may be deferred for a considerable period, we recommend that Form C ... should be abolished without delay. We have already indicated that [sic] the**

**reasons why we consider that this certificate may be abolished with complete safety and we believe that the existing Regulations (minus the reference to this certificate) can adequately protect the public interest until the introduction of the changes [*i.e. the changes to the certification of the medical cause of death*] which we have recommended in Part I.'**

3.81 The Report of the Brodrick Committee was presented to Parliament in November 1971.

### The Period from 1971 to 1977

- 3.82 The reference in the Brodrick Report to the possibility that implementation of the recommendations relating to certification of the medical cause of death might be deferred for a considerable period proved prophetic. Despite the passage of over 30 years since publication of the Report, the systems of death and cremation certification remain virtually unchanged today. It is necessary to examine the subsequent history in order to understand why the recommendations contained in the Report never became law. Examination of the history may also help those who have to consider the implementation of the reforms that will be proposed in this Report and those that appear in the Report of the Coroners Review. The history demonstrates that there are competing interests that may never be reconciled. Progress towards implementation may depend upon a willingness to take a definite policy decision, regardless of objection from some quarters.
- 3.83 The first issue to be decided within Government was how to take forward the recommendations. They fell into two groups. The first group comprised those matters relating to medical certification of the fact and cause of death (or 'medical certification'); those were the province of the General Register Office (GRO). The second group consisted of topics that were within the responsibility of the Home Office, namely those relating to cremation procedures and coroners. The GRO, which fell within the remit of the then Department of Health and Social Security (DHSS), intended to implement the recommendations relating to medical certification by effecting amendments to the legislation governing the registration of births and deaths.
- 3.84 In June 1972, it was decided that the best way of dismantling the cremation certification system was to repeal section 7 of the Cremation Act 1902, which required the Home Secretary to prescribe the form of certificates to be given before cremation could take place. The existing Regulations could then also be repealed. It was suggested that a suitable clause might be inserted into the Bill by which the GRO intended to effect the amendments relating to medical certification. It was hoped that the Home Secretary would support the inclusion of the Bill in the Parliamentary legislative programme. The intention was to get a paper to the Home and Social Affairs Committee by the autumn and seek the Committee's authority to proceed.
- 3.85 The GRO prepared draft recommendations for changes to the registration legislation but the Home Office timetable slipped. It was not until August 1973 that the Home Office circulated a draft memorandum on the recommendations contained in the Brodrick Report.
- 3.86 Circulation of the memorandum provoked a response from the DPP, who was opposed to abolition of the existing cremation certification procedures without some alternative

safeguard. He had suggested that, if the cremation certification procedure were to be abolished, there should be a new type of confirmatory certificate in cases where a cremation was to take place. GRO and Home Office officials took the view that there was no reason to suppose that any proposed system for a second certificate would be effective in preventing the concealment of homicide.

- 3.87 In late May or early June 1974, a meeting took place between the DPP and officials from the Home Office and the GRO. At that meeting, there was discussion about the value of the various procedures carried out by the Form C doctor. In a subsequent memorandum, written by Mr Stotesbury (the Home Office representative at the meeting), he recorded that, at the meeting, the DPP had asserted that an important feature of the Form C procedure was that the second doctor could find out about the circumstances surrounding the death by questioning the Form B doctor, nursing staff and relatives. Mr Stotesbury pointed out that Form C allowed the second doctor to do this, but did not compel him to do so. He was sceptical about the value of questioning the Form B doctor and observed that a requirement that a third person must be questioned in every case would be **'a monstrous interference of [sic] privacy which Parliament would reject'**. In a letter to the DHSS, Mr Stotesbury observed that the requirement would add to the distress of relatives and might perhaps lead to further increase in the fees charged by Form C doctors. In the light of the recommendations made by the Brodrick Committee, Mr Stotesbury did not believe that insistence on the questioning of a third person (other than the Form B doctor) was politically viable. In response to that letter, Mr Yellowlees, then Chief Medical Officer, agreed with Mr Stotesbury's observations and expressed the additional concern that the questioning would take up a considerable amount of the Form C doctor's time and was likely to be considered by most doctors **'a wearisome formality'**. His view was that the questioning was likely to be conducted as perfunctorily (and, consequently, be as valueless) as the physical examination of the deceased carried out by the Form C doctor. The correspondence between Mr Stotesbury and Mr Yellowlees was shown to the DPP, who said that his views had been misunderstood. He had not suggested that it should be a requirement that the Form C doctor should make enquiries of the deceased's relatives or another third person. In a letter to the Home Office, he observed, **'The occasions when he [the Form C doctor] found it necessary himself to question relatives etc would, I should expect, be comparatively infrequent.'** However, he adhered to his previous view that, in cases of cremation, there should be a confirmatory certificate from a second doctor. The Hon Dr Shirley Summerskill MP, Parliamentary Under Secretary of State at the Home Office (herself a former general practitioner), shared the DPP's view. Efforts were therefore made to find a solution acceptable to all.
- 3.88 In May 1975, after discussions with the DHSS, the Home Office proposed that, for deaths occurring outside hospital only, a second medical certificate should be provided. The certificate would be given by a doctor who would see the MCCD, view the body and certify that he saw no reason to disagree with the medical cause of death as stated on the MCCD. The second doctor would be a member of a panel of experienced doctors, appointed for the purpose by the cremation authority. The DPP signified his agreement to that proposal. Doubts about the proposal were, however, raised by officials in the Scottish Home and

Health Department. They pointed out that the Crown Agent (the Scottish equivalent of the DPP) took the view that the confirmatory cremation certificate was needed just as much for hospital deaths as for deaths in the community. A query was also raised as to who, following the abolition of the post of medical referee, would be responsible for scrutinising the new type of confirmatory certificate.

- 3.89 In August 1975, The Rt Hon Mr Roy Jenkins MP (later Lord Jenkins of Hillhead), then Home Secretary, announced, by way of written answer to an arranged Parliamentary question, that the Government accepted the Brodrick Committee's recommendations for a new system for medical certification and the abolition of the existing cremation procedures. He signified the Government's intention to introduce a confirmatory certificate as agreed with the DPP. He also made clear that most of the recommendations of the Brodrick Committee in relation to coroners were accepted. He indicated that the Government proposed to open discussions with various interested organisations and to consider what procedural reforms might be achieved, in advance of legislation, through the use of existing statutory powers.
- 3.90 The Home Office decided to deal first with the recommendations relating to coroners. To this end, a Working Party was set up and held its first meeting in January 1977. Its deliberations dealt only with coronial matters and did not extend to cremation certification. No progress was made on that aspect of the Brodrick recommendations.

### The Period from 1978 to 1988

- 3.91 In August 1978, a meeting took place between officials of the Home Office and the GRO to discuss the introduction of legislation to implement the recommendations of the Brodrick Committee. A new DPP was then in post and Home Office officials intended to discover whether he would reconsider the requirement, insisted on by his predecessor, for a confirmatory medical certificate for cremations following deaths in the community. In October 1978, The Rt Hon Mr Merlyn Rees MP (later Lord Merlyn-Rees), then Home Secretary, in a written answer to a Parliamentary question, said that discussions subsequent to his predecessor's (i.e. Mr Jenkins') written answer, given more than three years previously, had revealed widely divergent views about the proposal for the new confirmatory certificate. He was considering whether any alternative arrangements could be suggested which might meet with more general approval.
- 3.92 By December 1978, it had been agreed that the recommendations relating to medical certification of the fact and cause of death should be progressed, with a view to presentation of a Bill in the 1979/80 Parliamentary session. Home Office officials suggested that the GRO should take the lead in relation to the proposed Bill, although the Home Office would assist as necessary on matters relating to cremation certification and coroners' functions. In the event, the GRO failed to secure Parliamentary time for its Bill.
- 3.93 In March 1979, the Home Office received notification that the DPP took the same view as his predecessor, namely that there should be a confirmatory certificate in cremation cases following deaths occurring in the community. It seemed, therefore, that there was going to be no easy way to carry forward the Brodrick Committee's proposal to abolish the

cremation certification procedure. In August 1979, a Committee (known as the 'Ad Hoc Committee'), representing the cremation organisations and the National Association of Funeral Directors, had a meeting with Home Office officials. The Ad Hoc Committee wanted the Home Office to implement, without further delay, the Brodrick Committee's recommendation that Form C be abolished. Members of the Ad Hoc Committee claimed that the costs associated with cremation were excessive and unacceptable and that, as a consequence, the rate of increase in the number of cremations was slowing down. They were perturbed to hear that the recommendation for abolition might not be implemented at all because of the DPP's objections. They had believed, following Mr Jenkins' Parliamentary answer in 1975, that the Government was committed to abolition.

- 3.94 Following the meeting, the Ad Hoc Committee lobbied members of the House of Commons and the House of Lords, pressing for a change in the law. The Committee also put forward a simpler and less expensive alternative to the existing cremation certification system. These steps led to a further meeting, in March 1981, attended by Mr Timothy Raison MP (later The Rt Hon Sir Timothy Raison), then Minister of State at the Home Office, Sir George Young MP (later The Rt Hon Sir George Young), then Mr Raison's opposite number at the DHSS, the Deputy DPP, representatives from the BMA, the Association of Chief Police Officers (ACPO), the GRO and members of the Ad Hoc Committee, together with various departmental officials. The meeting produced general agreement that the system of death certification should be improved. However, the division of opinion about the value of the certification system in general, and Form C in particular, remained. The representatives of the BMA and ACPO took the view that the system provided a valuable deterrent and should be retained in all cases. The Deputy DPP argued for its retention for deaths occurring outside hospital. The DHSS supported abolition of Form C, but wanted a requirement that Form B should be completed by a doctor of not less than five years' standing. The GRO stressed the need for medical certification to be strengthened, in accordance with the Brodrick Committee's recommendations, before any changes to the cremation certification system were made. There was little support for the alternative system which had been put forward by the Ad Hoc Committee. At the conclusion of the meeting, no agreement had been reached. Mr Raison suggested that Home Office officials should consider further the proposal that Form C should be dispensed with for deaths occurring in hospital.
- 3.95 In early 1981, a Private Member's Bill (later the Industrial Diseases (Notification) Act 1981) was introduced. The Bill sought to place a statutory requirement on doctors to report to the coroner deaths that might have been caused or contributed to by the deceased's former employment. This Bill was introduced by Mr Nigel Spearing MP and eventually resulted in the addition of the 'Spearing box' to the MCCD. The certifying doctor was to tick this box if he had any reason to believe that the death was or might have been caused by the employment followed at any time by the deceased. During the course of the Bill's passage through Parliament, there was general agreement among those involved that the Brodrick Committee's recommendations relating to medical certification of the fact and cause of death should be implemented without delay. In its final form, the 1981 Act enabled the Registrar General to make Regulations concerning the notification and certification of death and for the recording of the information relating to industrial diseases and matters related thereto.

- 3.96 Later that year, Mr Raison wrote to Mr Geoffrey Finsberg MP (later Lord Finsberg of Hampstead), then Parliamentary Under Secretary of State at the DHSS, to enquire whether there was any prospect of a Bill being brought forward to implement the Brodrick Committee's recommendations. Mr Raison observed that the Home Office was particularly anxious to see the recommendations implemented since it was hoped that this would pave the way for abolition of cremation Forms B and C.
- 3.97 In November 1981, it became evident that the GRO Medical Advisory Committee disagreed with some of the Brodrick Committee's recommendations about medical certification of the fact and cause of death. In particular, the Medical Advisory Committee could see nothing to be gained by reducing the period within which the certifying doctor must have seen the deceased from 14 to 7 days preceding death. In addition, the Committee found the requirement that a certifying doctor should state the cause of death **'with accuracy and precision'** totally unacceptable. There were serious doubts, the Committee said, as to whether the requirement would be accepted by the medical profession as a whole.
- 3.98 On 10<sup>th</sup> November 1981, Mr Finsberg wrote to Mr Raison, informing him that the DHSS intended to ask the Registrar General to consult the medical profession on revised proposals, which reflected the views of the Medical Advisory Committee. The revised proposals omitted the provision that doctors should certify the cause of death **'with accuracy and precision'**. This suggestion caused dismay at the Home Office. Mr Raison wrote a letter in reply, pointing out that the effect of demanding **'accuracy and precision'** on the part of certifying doctors would, according to the Brodrick Committee, be to improve the accuracy of death certification. That would be a laudable aim in itself. In addition, if the terms of the declaration on the MCCD were to remain unchanged, as the DHSS was proposing, this would make it much more difficult to press ahead with abolition of the cremation certification procedures in the future. He urged that, rather than conceding the point at this stage, there should be consultation on the declaration, as on other aspects of the Brodrick Committee's recommendations. In a letter dated 16<sup>th</sup> December 1981, Mr Finsberg agreed to ask the Registrar General to include the issue within the package of consultations to be undertaken. He drew attention to the concern within the GRO that there were many doctors who, if required to certify the cause of death **'with accuracy and precision'**, might refuse to sign the certificate at all. If that happened in too many cases, he said, the system would be **'wrecked'**.
- 3.99 During 1982, the GRO and the Home Office carried out a consultation exercise in connection with the proposals. The GRO dealt with the medical profession and the Home Office consulted with the Coroners' Society and local authority associations. The medical profession took the same view as the GRO Medical Advisory Committee about the two issues to which I have referred, i.e. the period of time before death within which the certifying doctor should have seen the deceased and the terms of the declaration on the new MCCD. By December 1982, Home Office officials, like the GRO and the DHSS, had apparently accepted that those two recommendations of the Brodrick Committee would have to be abandoned. Those recommendations had, of course, formed an important part



of the Brodrick Committee's plans to strengthen the system of medical certification. The major recommendations still remaining were as follows:

- (a) The certifying doctor should be fully registered.
- (b) The certifying doctor should inspect the body before completing the new MCCD.
- (c) The attending doctor should either certify the cause of death or report the case to the coroner.
- (d) There should be a statutory requirement on the doctor to report a death to the coroner in an appropriate case.

It was decided to proceed with a Bill containing those provisions.

- 3.100 At about this time, two further areas of dissent emerged. The BMA objected to the proposal that only fully registered doctors should be entitled to complete the new MCCD. Representatives of the BMA contended that doctors with provisional and limited registration working in hospital should be permitted to certify, provided that the name of the consultant in charge of the deceased's care appeared on the MCCD. Furthermore, the BMA contended that there should be no requirement that a certifying doctor should have seen the deceased's body after death, provided that he had seen the deceased within the 14 days preceding death and provided also that a second doctor, who had shared the care of the deceased in life, had inspected the body after death and the two doctors had discussed and agreed upon the cause of death. This was a wholly new proposal, which would have catered for the situation where it was inconvenient or impossible for the attending doctor to view the body after death.
- 3.101 In March 1983, the then Registrar General expressed some concern that, if all the BMA's proposals were accepted, the new system would fall far short of the recommendations of the Brodrick Committee and might, as a result, be the subject of criticism. Despite those concerns, work on the proposed legislation continued on the basis of the BMA's proposals. Parliamentary time for the Bill was provisionally granted for the October 1983 session and preparations were made to instruct Parliamentary Counsel to draft the necessary Bill. However, a general election intervened.
- 3.102 Following the general election, tension arose between the DHSS and the Home Office in relation to implementation of the Brodrick Committee's recommendations. Mr David Mellor MP (later The Rt Hon David Mellor), then Parliamentary Under Secretary of State at the Home Office, was concerned about what he termed the 'scandal' of the charges levied by doctors for completing cremation Forms B and C. By that time, the combined cost of the two forms exceeded the death grant payable to a bereaved family. Mr Mellor wanted to see the cremation procedure simplified by the removal of the requirement for Form C. He saw the proposed changes to the medical certification of the fact and cause of death as a lever which could be used in future negotiations to simplify the arrangements for cremation certification.
- 3.103 Meanwhile, Mr John Patten MP (later Lord Patten of Wincanton), then Parliamentary Under Secretary of State at the DHSS, had decided to abandon the Bill which had previously been planned. Even after the concessions that had been made in relation to the original

Brodrick recommendations, there was outstanding disagreement between the GRO and the medical profession about the detail of the proposed new system. There was concern that doctors might demand a fee for completing the newly designed MCCD, which would have considerable financial implications for the DHSS. It appears that there was not the political will to impose the Brodrick proposals, even as diluted by the agreed concessions. Mr Patten decided that, instead of proceeding with the Bill, his Department's efforts should be directed at effecting amendments to the existing MCCD by adding the 'Spearing box', together with a requirement that, for a hospital death, the consultant responsible for the deceased's care should be identified. Those changes did not require legislation and a new form of MCCD was introduced the following year.

- 3.104 In June 1984, Mr Patten and Mr Mellor met. Mr Patten indicated that there was no immediate question of a change in his decision to abandon the Bill. The future of the cremation procedures was discussed. It became clear that the DHSS was reluctant to enter into a battle with the BMA over the issues of certificates and fees. It was therefore agreed that the Home Office would initiate discussions with the BMA. Mr Mellor indicated his intention to take a **'tough approach'** to the negotiations.
- 3.105 A meeting between Mr Mellor, Home Office officials and representatives of the BMA took place in October 1984. At the meeting, the BMA maintained their previous stance that the involvement of the second doctor and the medical referee constituted important safeguards for the public. The BMA made the point that any change to the cremation procedures would have to be in the context of a complete revision of the medical certification system. The BMA prevailed and no step was taken to abolish Form C.
- 3.106 In 1985, the Regulations governing cremation were amended. The Cremation (Amendment) Regulations 1985 provided that, where a deceased was a hospital in-patient at the time of his/her death, and where a post-mortem examination had been carried out and the results were known to the attending doctor before he completed Form B, no confirmatory Form C would be required. A new question (8A) was added to the prescribed Form B. The question did not require the certifying doctor to state the result of the post-mortem examination. The intention was to reduce the number of cases in which a Form C would be required and thus to reduce the cost to the public.
- 3.107 The Regulations ran into difficulties. In order for the new provision to apply, the doctor carrying out the post-mortem examination had to be a registered medical practitioner of at least five years' standing. Many hospital post-mortems were performed by trainees, who did not fulfil that requirement. It soon became apparent that some doctors were taking no steps to inform themselves of the results of any post-mortem examination carried out before completing Form B. Thus, Forms C were being completed where there was in fact no need for a confirmatory certificate. Even when the Form B doctor had indicated on Form B that he was aware of the results of a post-mortem examination, Form C was often completed. As a consequence of these problems, the number of Forms C provided was not reduced to the extent that had been hoped.
- 3.108 In February 1985, Mr Johnson, an official at the Home Office, wrote to all medical referees. The Home Office had conducted a survey of the work of medical referees during the 12 months ending 31<sup>st</sup> March 1984. Completed questionnaires had been received from 186

crematoria, which had carried out a total of 360,842 cremations during the relevant period. Of these, 273,335 cremations had been authorised by the medical referee following receipt of Forms B and C; the remainder had been authorised following receipt of a coroner's Form E.

- 3.109 Medical referees were asked how frequently they had raised queries with the doctors completing Forms B and C. The results of the survey revealed widely differing practices. One medical referee reported that he had raised 7136 separate queries in connection with 2914 cremations. Another had authorised 701 cremations and raised no questions at all. Out of the 273,335 cremations authorised on the basis of Forms B and C, 1701 queries had been raised in connection with the cause of death. On 182 occasions, enquiries initiated by medical referees had resulted in the cause of death being changed. Medical referees had ordered autopsies in 93 cases and had reported 367 deaths to the coroner.
- 3.110 Many medical referees were critical of the poor standard of completion of Forms B and C. The majority view was that Form C served little useful purpose. Errors in Form B often went uncorrected by the Form C doctor and Form C still appeared to be merely a statement of confidence by one doctor in another. By way of an alternative system, medical referees favoured abolition of Form C, the introduction of a more detailed Form B and personal enquiry by the medical referee.
- 3.111 During 1987 and 1988, there were discussions between the Home Office, the DPP and the Solicitor-General about possible abolition of cremation Form C. Mr Douglas Hogg MP, who was by that time Parliamentary Under Secretary of State at the Home Office, was keen to abolish Form C. The discussions foundered since both the Law Officers were prepared to countenance abolition only if it were accompanied by an improved medical certificate of the fact and cause of death or by additional safeguards which were judged by the Home Office to be unworkable. The DHSS was also opposed to abolition of Form C in the absence of improved medical certification. The BMA remained implacably opposed to abolition. In November 1988, the Home Office took the decision to abandon its attempts to abolish Form C until the GRO had effected changes to the procedure for certification of the medical cause of death. However, that decision was not accompanied by any attempt to strengthen the Form C procedure, so as to ensure that it served the purpose for which it was originally intended, namely the exposure of concealed homicide. Despite the stance taken by the Law Officers, the Home Office continued to accept the view of the Brodrick Committee that the risk of concealed homicide was minimal.
- 3.112 In December 1988, the Department of Health (DoH) published a Green Paper, 'Registration: a Modern Service', dealing with reform of the registration service. The Green Paper included proposals that:
- A statutory duty should be placed on doctors to report to the coroner all unnatural deaths.
  - The right to issue a medical certificate of the fact and cause of death should be restricted to a medical practitioner who had seen the deceased at least once during the 14 days preceding death and who had inspected the body after death.

- 3.113 The total effect of the changes proposed was very much more limited than that which would have resulted from implementation of the entire package of recommendations contained in the Brodrick Report.

### The Draft Cremation Regulations of 1989

- 3.114 Draft Cremation Regulations were circulated for consultation in June 1989. These had been under consideration for some time. Mr Robert Clifford, Head of the Coroners Section of the Animal Procedures and Coroners Unit (formerly the Animals, Byelaws and Coroners Unit) of the Home Office since 1995, gave oral evidence to the Inquiry. He said that he understood that Home Office lawyers had been advising for several years that the Cremation Regulations, which had been amended on several occasions since 1930, should be consolidated and revised. The proposed Regulations, as drafted, were mainly consolidating in nature, although they did contain some changes of procedure. The draft Regulations included a requirement that the Form C doctor must not have been concerned with the case or the treatment of the deceased during his/her last illness. A revised version of Form C was proposed. This required the certifying doctor to state (in response to questions 1, 2 and 4(a)) whether he had seen the deceased's body, made a careful examination of it and questioned the Form B doctor and, if not, why not. A note to the proposed Form C stated:

**'For a cremation to be authorised without further enquiry, questions 1, 2 and 4(a) must be answered in the affirmative.'**

- 3.115 By Schedule 3 to the draft Regulations, where Form C had been completed, the medical referee, before giving authority to cremate, was obliged to satisfy himself that the answers to questions 1, 2 and 4(a) were in the affirmative or, if not, that there were satisfactory reasons why not. This provision, if implemented, would have given regulatory force to a requirement that existed at all, or virtually all, crematoria in the land. The draft Regulations contained no similar provision in relation to enquiries to be made of persons other than the Form B doctor, nor did the doctor completing Form C have to state why no such enquiries had been made.
- 3.116 The exercise of consulting on the draft Regulations raised the familiar arguments about the need to abolish the procedures for cremation certification, together with other specific objections to the proposals. No progress was made and the draft Regulations were never implemented.

### The Period from 1990 to the Present

- 3.117 The 1988 Green Paper was followed by a White Paper, 'Registration: proposals for change', which was published by the DoH in January 1990. This White Paper repeated the two significant proposed changes to the system of medical certification that had been contained within the Green Paper. However, following publication of the White Paper, attempts to secure Parliamentary time for a Bill were unsuccessful and other events intervened, with the result that the amendments to legislation proposed in the White Paper never reached the statute book.

- 3.118 In 1993, spurred on by yet further pressure from the cremation organisations, the Home Office initiated another series of consultations in an attempt to obtain agreement to the abolition of Form C. Those consultations did not include the BMA, whose stance was by that time well known. Despite that omission, no clear consensus was reached and the matter was not pursued.
- 3.119 Throughout the mid-1990s, it remained an objective of the Home Office to effect amendments to the Cremation Regulations. Legal advice, by then well over a decade old, had been to the effect that the existing Regulations required consolidation and amendment. Overhaul of the Regulations would give the opportunity to up-date procedures and, it was hoped, might result in the abolition of Form C. In 1996, Home Office officials discussed the possibility of approaching Ministers to seek agreement for another consultation exercise. Mr Clifford told the Inquiry that the proposal never reached Ministers, as the Department could not afford the expenditure of the time and effort required to mount another major consultation exercise. In any event, it must have been recognised that such an exercise was unlikely to produce any consensus. If significant change were to have been effected, it would have required the political will to override the views of those who dissented from the Government proposals.
- 3.120 In November 1997, the Home Office became aware of a survey that had been carried out by the Home and Health Department of the Scottish Office three years earlier. The Department had inspected 24 sets of cremation forms submitted to each crematorium in Scotland during a calendar year. The forms were chosen at random by means of cremation numbers submitted by the crematoria in their annual returns to the Federation of British Cremation Authorities. The survey revealed many defects in the way the forms had been completed. This in turn gave rise to concern that the medical referees had, despite those defects, passed the forms and authorised cremation. Examples of the matters which gave rise to concern were:
- (a) Forms B and C were in some cases signed by doctors who worked in close proximity to each other and could not be said to be truly independent.
  - (b) Some deaths which should have been reported to the procurator fiscal (the Scottish equivalent of the coroner) had not been.
  - (c) Questions in Form B were frequently left unanswered or misinterpreted.
  - (d) Forms C had not always been submitted when the Regulations required it. Conversely, in other cases (where there had been a hospital autopsy and the Form B doctor was aware of the results) Forms C were submitted (and presumably charged for) where there was no requirement.
  - (e) In some cases, none of questions 2–5 of Form C (the equivalent of questions 5–8 on the English version) had been answered in the affirmative.
- 3.121 In September 1995, following the survey, a letter was written to all medical referees and deputies in Scotland, drawing their attention to the concerns arising from the survey. The letter reminded referees that at least one of questions 2–5 should be answered in the affirmative unless the form was completed by a pathologist who had completed an

autopsy. At the conclusion of the letter, referees were reminded that they were **‘the last line of defence against the possibility of suspicious circumstances’** and that they should ensure that no cremation took place unless the forms had been properly completed. The letter was later reproduced in a Health Bulletin circulated to all doctors in Scotland.

- 3.122 The Home Office recognised that a similar problem of poor completion of cremation forms might well exist in England and Wales. Consideration was therefore given to the possibility of carrying out a similar survey and, indeed, preliminary steps were taken to explore the possibility of funding for such a survey, to be carried out with the assistance of the DoH and the Office for National Statistics (ONS). No funding was then available. The survey project continued to be discussed but was overtaken by events. Mr Clifford told the Inquiry that the Home Office wished to clarify whether the existing procedures were being properly observed and, if not, whether the failure to observe them was having an adverse effect. It was not clear how it was intended that the presence or absence of such an effect was to be assessed. As matters turned out, however, the necessary evidence was indeed forthcoming. It was provided by Shipman.
- 3.123 In September 1998, Shipman was arrested and, in 1999, the Home Office became aware of the fact that many of his probable victims had been cremated. Immediately following Shipman’s conviction, a Home Office official wrote to all medical referees, reminding them, in the light of the Shipman case, to be vigilant at all times. Referees were also reminded of their power to make their own enquiries and to refer cases to the coroner for further investigation.
- 3.124 In 2000, the Cremation (Amendment) Regulations were introduced in order to enable separated body parts to be cremated where the remainder of the body had previously been buried. This followed the discovery that a large quantity of organs and tissues removed during autopsies had been retained at the Bristol Royal Infirmary and the Royal Liverpool Children’s NHS Trust (Alder Hey Children’s Hospital). Organs and tissues were returned to the parents of the dead children concerned and arrangements for burial and cremation were necessary.
- 3.125 Meanwhile, shortly after Shipman’s conviction in January 2000, the Home Office set up a Review into Death Certification. Under its Terms of Reference, the Review was to consider, among other things, improvements to the provisions for authorising cremation. The Review issued a Consultation Paper in July 2000 and reported finally in September 2001. I have taken account of its thought-provoking recommendations.
- 3.126 In February 2001, this Inquiry was set up, with Terms of Reference which include consideration of the ways in which the existing arrangements for death and cremation certification should be changed in order to provide improved protection of patients. In the summer of 2001, the Home Office set up the Coroners Review, to which I have already referred. The Coroners Review was given wide-ranging Terms of Reference, covering all aspects of arrangements for death investigation and certification. I shall refer to the recommendations of the Coroners Review in Chapter Nineteen.
- 3.127 In early 2003, after Mr Clifford had given oral evidence to the Inquiry, Home Office officials met representatives of the cremation organisations and medical referees to discuss ways

in which cremation procedures might be improved in the short term, pending any changes to the law consequent upon the recommendations of this Inquiry and the Coroners Review. The Inquiry has been told that, following that meeting, a number of measures have been proposed. The Home Office is considering giving advice to cremation authorities, relating to the selection of nominees for the post of medical referee. Induction and guidance material is to be prepared and provided to medical referees. There are proposals for joint seminars between medical referees and coroners. In addition, the Home Office intends to explore the possibility of introducing a general requirement that Form C doctors should question a person other than the Form B doctor before signing the confirmatory certificate. I shall refer to this topic at greater length in Chapter Eleven.

- 3.128 At present, however, despite attempts over the years to effect change, the system of cremation certification remains more or less the same as when it was first introduced a century ago. In Chapter Eleven, I shall discuss how the system works in practice and my recommendations for the future.

