

# ACCPs confirming death for DCD

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## Discussion Paper

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**ISSUE – a number of CLODs have raised the question if an Advanced Critical Care Practitioner (ACCP) can diagnose and confirm death in DCD.**

**ACTION – NODC is asked to agree that a working group be formed to consider this issue and propose recommendations for the next meeting on the 06.06.2017.**

## SUMMARY OF THE ISSUES

1. ACCPs are increasingly replacing some junior and middle grade doctors in UK ICUs.
2. ACCPs could be asked to carry out the diagnosis and confirmation of death in DCD.
3. Many hospitals already accept verification of death by registered practitioners who are not qualified doctors. However ACCP curriculum does not mention confirmation of death as a required competency.
4. Current code by AoRMC does not prohibit non doctors from the diagnosis and confirmation of death after cardio-respiratory arrest.

## BACKGROUND QUESTIONS

### Who are ACCPs?

The Advanced Critical Care Practitioner (ACCP) role is a new way of working for health professionals working in critical care. Any UK registered professional can train as an ACCP i.e. nurses and allied health professionals. Most, if not all, ACCPs take a position on medical on-call rota. In some ICUs there will be occasions when there is no doctor physically present overnight.

### Does the FICM ACCP curriculum allow the diagnosis and confirmation of death?

FICM ACCP Curriculum *does not mention verification of death* as required competency. The curriculum does say that during End of Life care the ACCPs, within their scope of practice, may be required to actively participate in the management of the dying patient. This involvement will include situations where management and care plans include the limitation or withdrawal of treatment to a critically ill patient where the emphasis of care is placed on the minimisation of distress to both the patient and their dependants. The Scope of Competence is to take account of ethical issues & minimise the distress to patients and dependants.

**Does the Academy of Medical Royal Colleges Code of Practice for the Diagnosis and Confirmation of Death restrict to doctors only (like it does for diagnosing death in coma) the confirmation of death after cardiorespiratory arrest?**

*No.*

“2.2 Death following cessation of cardiorespiratory function.

For people suffering cardiorespiratory arrest (including failed resuscitation), death can be diagnosed when a registered medical practitioner, **or other appropriately trained and qualified individual**, confirms the irreversible cessation of neurological (pupillary), cardiac and respiratory activity.” (emphasis added)

**What might the hospital say?**

For some hospitals Registered Nursing Staff can already verify death when:

- 'Expected death' has been recorded in the patient's notes by a registered medical practitioner
- A 'not for resuscitation' or Treatment Escalation or Limitation order has been recorded in the patient's notes by a SpR or Consultant

Registered Nursing Staff will NOT verify death:

- In cases of unexpected death when death occurs in an unexpected manner, or unexpected circumstances
- If there are no written orders in the patient's medical notes to the effect that the death is expected and that the patient is not for resuscitation
- If the patient's relatives expressly wish that a doctor performs the verification
- Where there is any suspicion of neglect by a carer
- When a patient has refused treatment
- The patient is under 18 years of age
- Death which occurs within 24 hours of onset of illness, or where no firm clinical diagnosis has been made.
- Deaths directly following post-operative or post invasive procedures.
- Deaths which follow an untoward incident, fall or drug error

**What might Retrieval Surgeons say?**

- Outright refusal
- Accept within protocol practice (As above and some may fall with in contra-indication group)

**What are the benefits of allowing ACCP's to confirm death in DCD?**

- Ensures there is someone available to promptly confirm death
- Proactive planning as trainee numbers decline
- Enhances ACCPs role

**What are the problems of allowing ACCP's to confirm death in DCD?**

- DCD deaths are time critical
- What if heart re starts after 5 minutes and ACCP calls for more help (may not be available straight away)
- Hospital indemnity issue
- Dealing with complaints or coroner
- How would they be trained
- Who takes ultimate responsibility