Death: After Death Care and Legal Requirements

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Suspected death
- Consider organ donation

Verification of death
- Take into account BOTH after death care & legal requirements

Legal requirements

Unexplainable / sudden death
- Consider referral to coroner

Certificate of Cause of Death (CCD)

Explainable / expected death

Needs of the bereaved
- Care of the deceased's body

Care for the deceased's property

Certificate of Cause of Death (CCD)

CCD by Medical or Nurse Practitioner, UNKNOWN to the deceased

CCD by Medical or Nurse Practitioner, KNOWN to the deceased

Transfer of responsibility of deceased's body

Transfer of deceased's body to a funeral director

Registering death and arranging funeral without a funeral director

Role of the funeral director

Coroner contact details

Police contact details

Consider if a post-mortem is appropriate

Notify all appropriate healthcare teams and document actions

Certificate of Cause of Death (CCD) by Medical or Nurse Practitioner

This map was published by MidCentral District. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.
1. Care map information

Scope:
• provision of care after an adult has died

Out of scope:
• death of a child
• pregnancy loss before 24 weeks, still birth, or neonatal death
• end of life care is not covered by this pathway

Principles:
• keep within the law and statutory codes of practice governing completion of death and cremation certificates
• consider the needs of all of those involved, including staff members
• the quality of care provided around the time of death and afterwards can influence grieving, the longer term health of those who are bereaved, and their memories of the deceased individual
• the following needs to be considered:
  • protecting legal rights
  • personalised care – including clear communication and detailed information provision, respect for preferences, religion, values, culture, and beliefs
  • equality for all
  • show respect and sensitivity to wishes and needs of the deceased and bereaved
  • recognising contribution of families and carers
  • conducting discussions in private settings
  • skilled workforce and staff support

See Provenance Certificate for full list of references.

2. Information resources for patients and carers

Resources for patients and carers:
• Demystifying the funeral paperwork
• DIY funeral
• Transportation of a body
• What to expect when you are grieving
• Bereavement Support Services and Resources in MDHB
• A Guide to Death, Funerals and Small Estates (this booklet is designed for family who do not have the resources to pay a funeral director or a lawyer to complete the tasks involved or who simply choose to take control of the process themselves)
• Palmerston North Women’s Health Collective can provide information on after-death requirements and self-help information on caring for the dead before burial/cremation (phone 06 357 0314)

Te Ara Whānau Ora Brochure:
• Te Ara Whānau Ora Brochure

3. Information resources for clinicians

Resources for providers:
• Deaths to be reported
• Health (Burial) Regulations 1946
• After death care for different cultures
• Transfer of charge of body
• Demystifying the funeral paperwork
• Transportation of a body
• MDHB Bereavement Support Guidelines
• Bereavement Support Guidelines Resource Toolkit
• Bereavement Support Services and Resources in MDHB
• What to expect when you are grieving
• Coroners form (COR31)
• Certificate of Cause of Death (CCD) - electronic form
• Tikanga Whakāro: Key Concepts in Māori Culture - available to purchase from The Women's Bookshop

4. Updates to this care map

Date of re-publication: May 2018.

This care map has been updated in line with consideration to evidenced based guidelines. Key updates:
• Certificate of Cause of Death (CCD) updated to include Nurse Practitioners
• Addition of link to electronic Certificate of Cause of Death (CCD) form

Date of first publication: March 2016.
For further information on contributors and references please see the care map's Provenance Certificate.

5. Hauora Māori

It is important for practitioners to have a base line understanding of the issues surrounding Māori and the passing of their loved one. These are things to consider in no particular order:
• acknowledging the passing of the loved one
• contacting Māori liaison if appropriate
• identifying the key liaison/whānau spokesperson - this should make communication pathways easier
• acknowledging the cultural practise of each whānau which may include rituals and rites
• enabling the whānaungatanga of the deceased and the whānau to occur

Resource:
• Tikanga Whakāro: Key Concepts in Māori Culture - available to purchase from the Women's Bookshop

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):
• acknowledging Te Whare Tapa Wha (Māori model of health) when working with Māori whānau
• asking Māori clients if they would like their whānau or significant others to be involved in assessment and treatment
• asking Māori clients about any particular cultural beliefs they or their whānau have that might impact on assessment and treatment of the particular health issue (see Cultural issues)
• consider the importance of whānaungatanga (making meaningful connections) with their Māori client / whānau
• knowledge of Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators where appropriate
• having a historical overview of legislation that has impacted on Māori well-being

For more information about Hauora Māori:
• Local Māori Health Providers
• Central PHO Māori Health website

6. Pasifika

Pacific Cultural Guidelines (Central PHO) 6MB file.

Our Pasifika community:
• is a diverse and dynamic population
  • more than 22 nations represented in New Zealand
  • each with their own unique culture, language, history, and health status
  • share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:
• Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging The FonoFale Model (pasifika model of health) when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:
• Cultural protocols and greetings
• Building relationships with your pasifika patients
• Involving family support, involving religion, during assessments and in the hospital
• Home visits
• Contact information

Pasifika Health Service - Better Health for Pasifika Communities
• the Pasifika Health Service is a service provided free of charge for:
  • all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  • all Pasifika mothers and children aged 0-5 years
• an appointment can be made by the patient, doctor or nurse
• the Pasifika Health Service contact details are:
  • Palmerston North Office - 06 354 9107
  • Horowhenua Office - 06 367 6433
• for more information, please refer to the Better Health for Pasifika Communities brochure

Ala Mo'ui - Pathways to Pacific Health and Wellbeing 2010-2014

Primary care for pacific people: a pacific health systems approach

Tupu Ola Moui: The Pacific Health Chart Book 2004

Pacific Health resources

Click here for a list of local Māori/Pacific Health Providers

Central PHO Pacific Health website
7. Suspected death

Death should be regarded as the irreversible loss of the capacity for consciousness, combined with irreversible loss of the capacity to breathe.

8. Consider organ donation

Organ donation:
- formal, informed consent is needed for the donation of organs or tissue under the Human Tissue Act 2008 – this can come from:
  - the potential donor before death, e.g. from an advanced directive or through being on the Organ Donor Register; or
  - a nominated representative that the deceased individual had appointed to act on their behalf after death; or
  - from a person who was in a ‘qualifying relationship’ with the individual immediately before their death
- if the death needs to be reported to a coroner, the coroner must agree before any donation can take place
- good communication between healthcare professionals and families is essential and should be supported by written information

Who is entitled to give informed consent

9. Verification of death

Verifying death [1]:
- verification of death is established through clinical assessment for the absence of signs of life
- death can be verified by health practitioners, including medical practitioners, nurse practitioners, midwives, registered nurses, enrolled nurses, emergency medical technicians, paramedics
- health practitioners must use the Coroners form (COR31) to document the assessment and record the verification of death:
  - time
  - date
  - place
- unlike the Certificate of Cause of Death, verification of death does not have any legal status, does not require any opinion as to the cause of death and does not constitute authority for a body to be buried or cremated
- there is no legal requirement for death to be verified before a body is removed

12. After death care

Consider cultural/spiritual requirements:
- consider cultural and spiritual requirements e.g. inviting a priest/chaplain/church minister etc. to pray/speak for/with whānau/fanau/family

Hauora Māori:
- it is important for practitioners to have a base line understanding of the issues surrounding Māori and the passing of their loved one. These are things to consider in no particular order:
  - acknowledging the passing of the loved one
  - contacting Māori liaison if appropriate
  - identifying the key liaison/whānau spokesperson - this should make communication pathways easier
  - acknowledging the cultural practice of each whānau which may include rituals and rites
  - enabling the whānaungatanga of the deceased and the whānau to occur
Pasifika:
• Pacific Cultural Guidelines (THINK Hauora)

Bhutanese:
• End of life care in Hinduism

Resource for other cultures:
• After death care for different cultures

Palmerston North Women’s Health Collective:
• provides information on after-death requirements and self-help information on caring for the dead before burial/cremation
  – phone (06) 357 0314

13. Unexplainable/sudden death

Unexplainable / sudden death:
• in the case of an unexplainable/sudden death, the coroner may need to be informed and the police called [1,3]
• the body should remain where it is until Police advise it can be moved
• inform the family face-to-face whenever possible
• if the death was traumatic, prepare the family for what they might see before viewing the body and explain if there are any legal reasons why the body cannot be touched
• geographical distance of the bereaved may add complications – the bereaved may be dispersed, geographically or otherwise, and have no relationship with the general practitioner (GP) or hospital staff before death
• if death occurs in an Emergency Department a private room should be available for the relatives close to the resuscitation room
• it may be helpful to offer a follow-up meeting to the bereaved to discuss what happened

14. Explainable/expected death

Informing the family when a death was expected:
• inform the family as soon as possible if they are not present
• follow any instructions left by the family on how and when they would like to be informed
• provide information to the family on what to do next
• it is helpful to know of any expressed wishes of the deceased and to be aware of any cultural or religious beliefs
• inform the family that some deaths are notifiable to the coroner

15. Needs of the bereaved

Care after death includes [4]:
• personalised communication that is:
  • timely
  • culturally appropriate
  • respectful
  • compassionate
  • kind
  • meaningful
• honouring spiritual or cultural wishes of the deceased and their family while ensuring legal obligations are met
• preparing the body for transfer to the mortuary or to the funeral director
• supporting the family in participating in this process if they wish to do so
• ensuring that the privacy and dignity of the deceased is maintained
• protecting the health and safety of everyone in contact with the body
• returning the deceased person’s property to their relatives

It is recommended that facilities have the following in place for deaths:
• a dedicated bereavement space with private waiting facilities
• a quiet, respectful environment where the family can gather
• facilities available that are designed to cater for people with learning and/or physical disabilities
• policies considering specific needs of children and young people who are bereaved, and people's religious and cultural preferences
• written information for families and whānau on what to expect when they are grieving and where to access extra support if needed

For further information:
• MDHB Bereavement Support Guidelines
• Bereavement Support Guidelines Resource Toolkit
• What to expect when you are grieving
• Bereavement Support Services and Resources in MDHB

16. Care of the deceased’s body

Care of the body:
• the body of the deceased should be cared for in a culturally sensitive and dignified manner, and service providers should ensure that systems are in place for this
• the nursing staff or health care assistants are responsible for personal care after death – this should align with any previous wishes documented in an advance care plan or last days of life care plan:
  • be carried out within 2-4 hours of the person dying to preserve their appearance, condition, and dignity
  • include preparing the deceased and the room for viewing
• some relatives may wish to assist with the personal care according to individual wishes, religious, or cultural requirements
• local infection control policies should be followed where the deceased has a known or suspected infection

17. Documentation for relatives

Relatives should receive certification of the death as soon as possible:
• it is good practice to ensure that if a death is not reported to the coroner, the Certificate of Cause of Death (CCD) is issued within one working day, and cremation forms within two working days, so funeral arrangements are not unduly delayed
• some cultural and religious customs include burial of the deceased within 24 hours of death – there should be local processes in place to support this:
  • after death care for different cultures
• the law requires that all deaths in New Zealand are registered within three working days after burial or cremation of the body [5]:
  • in the case of an unexpected death, registration cannot take place until investigations by the coroner are completed
• the certifying medical or nurse practitioner should identify the presence of any implanted devices or radioactive substances and inform mortuary staff – arrangements are needed to inactivate these and to organise removal

18. Care for the deceased’s property

The following are advised in relation to the deceased's property:
• pack personal property in line with local policy and with consideration of timing and feelings of those receiving it
• document removed jewellery according to local policy
• all possessions should be returned to the relatives
• discuss with the family whether they wish for soiled clothing to be disposed of or returned

19. Coroner contact details

National duty coroner:
• Telephone 0800 266 800

20. Consider referral to coroner

Deaths to be reported
Where there is doubt, the National Duty Coroner can determine whether a death is classified as reportable - Telephone 0800 266 800:
• a death does not have to be reported to the Coroner when a medical or nurse practitioner agrees to issue a Certificate for Cause of Death (CCD), provided that the death is not otherwise reportable
• the coroner will provide the following information:
  • whether a post-mortem examination will be held
  • when the body of the deceased can be released for burial or cremation
  • whether an inquest into the death will be held
• family of the deceased should be aware that if the death has been referred to the coroner then opportunities to view the body may be restricted
• once a death has been referred to the coroner, the coroner's office will have responsibility for liaising with the family

Reasons for referral to coroner are defined in Section 13 of the Coroners Act 2006:
• deaths which are without known cause, suicide or unnatural or violent
• deaths for which no CCD is given
• deaths during, or that appear to have been as a result of, a medical, surgical dental or similar operation or procedure or treatment - see s.13 (1) (c) (ii and iii) Coroners Act 2006
• deaths that occurred while a person was affected by an anaesthetic, or appear to have been the result of the administration of an anaesthetic or a medicine - see s.13 (1) (c) (iv and v) Coroners Act 2006
• deaths in official custody or care, including anyone who died while subject to the following Acts:
  • Alcoholism and Drug Addiction Act 1966
  • Children, Young Persons, and their Families Act 1989
  • Corrections Act 2004
  • Crimes Act 1961
  • Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
  • Mental Health (Compulsory Assessment and Treatment) Act 1992

21. Certificate of Cause of Death (CCD)

Completion of the Certificate of Cause of Death (CCD) is separate to and completely different to the process for verifying death.

The CCD is a legal document which can only be completed by a medical or nurse practitioner and records:
• the full details of the deceased
• the circumstances of and cause of death

The CCD can be completed either on the Certificate of Death form or electronically
Section 46B of the *Burials and Cremation Act 1964* requires that a CCD is issued by a medical or nurse practitioner within 24 hours of the medical or nurse practitioner learning of the death, provided they are satisfied that the cause of death was the result of an illness and is not otherwise reportable [2].

The person certifying the death should identify the presence of any implanted devices or radioactive substances and inform mortuary staff – arrangements are needed to inactivate these and to organise removal.

### 22. Police contact details

**Police contact details:**
- in an emergency call 111
- for routine reporting:
  - Manawatu (06) 351 3600
  - Horowhenua (06) 366 0500
  - Tararua (06) 374 4500

### 23. Consider police notification

Sections 14 and 15 of the *Coroners Act 2006* requires that any person who finds a body in New Zealand or who learns of a death to which Section 13 of Coroners Act applies must report the finding to the police.

A police officer will attend and will obtain sufficient details to advise the coroner of the facts of the matter [3]:
- police are required to investigate any unexplained death
- police are also legally bound to contact the Coroner where the death is not certified
- when Certificate of Cause of Death (CCD) is not signed, and after discussion with the Coroner if the death occurred in an institution, call Police immediately
- once a death is reported to the police, the body should remain where it is until they advise if it can be moved
- certificate of life extinct is required by the police, they will arrange this if not already done
- identification of the deceased is required
- statement from person known to the deceased is required
- police will investigate on behalf of the coroner and may require medical records and statements from medical staff
- police will liaise with family until the Coroner takes over this function
- police have clear procedures for dealing with sudden deaths - call the local officer to discuss their needs if required
- ambulance staff will call police when attending any sudden death - police will then contact the general practitioner (GP) and the Coroner for further advice

### 24. CCD by Medical or Nurse Practitioner UNKNOWN to the deceased

Section 46B(3) of the *Burials and Cremation Act 1964* [2]:
- the circumstances in which another medical or nurse practitioner may sign the Certificate of Cause of Death (CCD) are:
  - the appropriate medical or nurse practitioner are unavailable
  - the medical or nurse practitioner who attended the person during the illness are unlikely to be able to provide a CCD within 24 hours of the death
  - the medical or nurse practitioner who attended the person during their illness has not given a CCD and 24 hours or more has passed since the death
- while the Act allows this fall back option the substitute certifier must:
  - look at medical records made by the medical or nurse practitioner who last attended the person during their illness
  - consider the circumstances of the person's death
  - examine the person's body
only relates to cases where the death was a natural consequence of an illness
alternative medical or nurse practitioner should make reasonable inquiries to ensure that the attending medical or nurse practitioner is not withholding certification because they are not satisfied as to the cause of death

25. CCD by Medical or Nurse Practitioner KNOWN to the deceased

Section 46B of the **Burials and Cremation Act 1964** [2]:

- the most appropriate medical or nurse practitioner to complete the Certificate of Cause of Death (CCD) is the medical or nurse practitioner who attended the person during the illness
- when several medical or nurse practitioners have attended the person, an appropriate medical or nurse practitioner will be one of those who has sufficient knowledge of the person, their past medical history and the nature of their illness
- there is no provision in the Act that requires a medical or nurse practitioner to have seen a person within a specific time frame before being able to certify death, so long as the medical or nurse practitioner did attend during the illness
- if the medical or nurse practitioner who attended the person during the illness knows that subsequently some other medical or nurse practitioner has also attended the person, the original medical or nurse practitioner must not give the certificate without taking all reasonable steps to consult the other medical or nurse practitioner
- the medical or nurse practitioner who attended the person does not have to examine the body before providing a CCD unless cremation is planned
- there are good reasons to routinely examine the body these include:
  - to satisfy oneself that the identity of the person is confirmed
  - to ensure all relevant information has been checked
  - to console and support the family and answer any questions

26. Transfer of responsibility of deceased’s body

Transfer of charge of body:
- there is no clear stipulation or restriction about who can take possession of a body after death
- families and carers may wish to take the responsibility for caring for the body and/or make their own funeral arrangements – support the family and carers in transporting the deceased to a temporary place of rest and to the funeral
- a Certificate of Cause of Death (CCD) must be completed before removal of the body from place of death unless the person removing the body is a funeral director
- when a body is removed from the place of death, the person in charge of the body is required by law to sign a transfer of charge of body (BDM39) unless the person accepting the body is:
  - a funeral director
  - not a funeral director but transferring to a funeral director
  - a member of the police
  - a doctor authorised to undertake a post mortem

**Burial and Cremation Act 1964**

27. Consider if a post-mortem is appropriate

It is not good practice to request as standard procedure – post-mortems are carried out for two reasons [3]:
- if the death has been referred to the Coroner and the Coroner feels that a post-mortem is necessary to determine the cause of death
- at the request of a hospital in order to provide information about an illness or cause of death, and to further medical research

If a death is sudden or unexpected, the Coroner does not require consent for a post-mortem:
- however the reasons for it and the process should be explained clearly and sensitively to the family
28. Transfer of deceased’s body to someone not a funeral director

Transfer of deceased’s body to someone not a funeral director:

- anyone with a valid driver's licence for the class of motor vehicle that the deceased is being transported in can transport a body in a casket or coffin within New Zealand
- there are some special Health (burial) Regulations for transporting a deceased person

29. Transfer of deceased’s body to a funeral director

Transfer of deceased’s body to a funeral director:

- a funeral director may transfer the body even if the Certificate of Cause of Death (CCD) has not yet been completed
- before accepting the body the funeral director may want assurances:
  - that the coroner does not have jurisdiction
  - clarification as to who will complete the CCD
  - that the CCD will be completed in a timely manner
- good communication and goodwill will smooth over many of these situations, in the interests of finding a reasonable solution to competing demands
- where a CCD has been completed it must be given to the funeral director at that time
- a body cannot be embalmed, buried, cremated or otherwise disposed of unless the person in charge of the disposal has obtained a CCD or authorisation from the Coroner

30. Notify all appropriate healthcare teams and document actions

Within one working day of death notify all relevant professionals who have been involved in caring for the patient:

- for hospital and hospice deaths, this includes the general practitioner (GP), any domiciliary care providers, and aged residential care facilities
- for deaths in a usual place of residence, this includes primary and secondary care health teams
- for a death in the community, this includes notifying hospital outpatients and community organisations who may have been supplying services or equipment
- ensure that local procedures are in place for this to prevent any distress to the bereaved by inappropriate communications or visits relating to the deceased

Document actions and information:

- record all aspects of care after death in nursing and medical documentation
- document all professionals involved
- update and organise records as quickly as possible so they are available for the bereavement team

31. Registering death and arranging funeral without a funeral director

Information regarding the legal aspects when someone dies such as registering the death and arranging funeral and burial can be found at:

- DIY funeral
- A Guide to Death, Funerals and Small Estates (this booklet is designed for family who do not have the resources to pay a funeral director or a lawyer to complete the tasks involved or who simply choose to take control of the process themselves)
32. Role of the funeral director

The funeral directors usual role is to:

• provide advice and services to the family of a deceased person including [2]:
  • transport of the body
  • registering of the death
  • meeting the legal requirements for burial or cremation (including bookings for cemetery or crematorium and completing necessary forms)
  • embalming, care and presentation of the deceased's body
  • placement of death notices and/or funeral notices in paper
  • the funeral service
Death: After Death Care and Legal Requirements

Provenance Certificate

Overview

This document describes the provenance of MidCentral District Health Board’s Death: After Death Care and Legal Requirements pathway. This pathway is regularly updated to include new, quality-assessed evidence, and practice-based knowledge from expert clinicians. Please see the Editorial Methodology section of this document for further information.

This localised pathway was last updated in May 2018.

For information on changes in the last update, see the information point entitled ‘Updates to this care map’ on each page of the pathway.

One feature of the “Better, Sooner, More Convenient” (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP). The purpose of implementing the CCP Programme in our DHB is to:

- Help meet the Better Sooner More Convenient Business Case aspirational targets, particularly the following:
  - Reduce presentations to the Emergency Department (ED) by 30%
  - Reduce avoidable hospital admissions to Medical Wards and Assessment Treatment and Rehabilitation for over-65-year-olds by 20%
  - Reduce poly-pharmacy in the over-65-year-olds by 10%
- Implement a tool to assist in planning and development of health services across the district, using evidence-based clinical pathways.
- Provide front line clinicians and other key stakeholders with a rapidly accessible check of best practice;
- Enhance partnership processes between primary and secondary health care services across the DHB.

To cite this pathway, use the following format:


Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.
References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.


Contributors

MidCentral DHB’s Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

The following individuals contributed to the update of this care map:

- Paul Cooper, Medical Director, Central PHO (Primary Care Clinical Lead)
- Bridget Marshall, Nurse Practitioner Palliative Care, Arohanui Hospice
- Liz Elliott, Clinical Advisor Health of Older People, MidCentral DHB (Facilitator/Editor)

The following individuals have contributed to this care map:

- Paul Cooper, Medical Director, Central PHO (Primary Care Clinical Lead)
- Greig Russell, Registrar in Medical Administration, MidCentral Health (Secondary Care Clinical Lead)
- Bridget Marshall, Clinical Nurse Specialist Palliative Care, Arohanui Hospice
- Nikki Fox, Clinical Quality Facilitator LTC & Palliative Care, Central PHO
- Liz Elliott, Clinical Advisor Health of Older People, MidCentral DHB (Facilitator/Editor)

The following individual(s) also contributed to this care map:

- Jeff Veale, Sergeant, New Zealand Police
- Māori Health Team (Central PHO)
- Pasifika Team (Central PHO)

Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of
Medicine is subject to change and we cannot guarantee that it is up-to-date.