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NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Time to abolish cremation fees

SIR,—Originally cremation fees were a small token for the act of certifying that a person had died of natural causes, but we think that they have got out of hand. They are now an unwelcome tax on the disposal of the dead, the focus of income tax related discontent among hospital doctors, a source of corruption, a nuisance to undertakers, a waste of administrative time, an unearned income in the truest sense, an inefficient guard against criminal death, and ultimately a misapplication of nearly £10m annually. This last calculation is based on a 50% cremation rate for the 582 000 deaths in England and Wales in 1982.

Many hospitals do not charge cremation fees for certificates on babies who are stillborn or who die soon after birth, and we suggest that the fees should also be abolished for older people. A simpler system should be started for protection against unnatural death if this method of protection is still considered necessary.

The amount of the fee is entirely arbitrary. Currently the BMA recommends £33·60, but a signatory can demand what he wants. Senior undertakers tell us that some doctors charge up to £50 for a form C signature. Maybe they do this as a deterrent to being asked again, but there is no doubt that the families of the dead greatly resent having to pay what appears to them an unnecessary sum for a piece of paper that essentially duplicates the death certificate.

Although the signatory to the form C declares that he or she has carefully examined the body externally, we wonder how many bodies really are looked at properly. This particularly applies to hospital deaths where no necropsy has been performed. To go into the mortuary, open the fridge, pull out the appropriate body tray, uncover the body, look carefully for signs of unnatural—that is, non-iatrogenic—injury, and possibly turn the body over in the search for the knife in the back are bold moves and we suspect are rarely undertaken. How much simpler to assume from a nod from the mortuary technician that all is well, repeat what is written in form B, and collect the cash. What protection for the public then?

We pass over the uneven distribution of cremation fees in respect of different medical specialties and the potential rancour over who should be on a form C signing list (how easy to be on good terms with the mortuary technicians—for a consideration). In a way, we pathologists have a similar local problem with the distribution of coroners' necropsies and fees. More pressing at the moment is the galvanic effect on doctors of the awakening of the Inland Revenue to the possible non-payment of tax on cremation fees. Some particular problems are presented. If deductions from the fees are made, for example, to the doctors' mess or to the mortuary technicians how is the tax position of the signatory affected? How much should he declare—what he actually received, or what he thinks the Inland Revenue thinks he received from their (real or threatened) inspection of the records at crematoria? And what is the correct procedure for those senior pathologists who sign cremation forms C on behalf of their junior colleagues who have carried out a necropsy—who gets the money and who pays the tax? These problems have not been resolved.

We do not write from a sense of personal injustice: like most hospital doctors we sign cremation forms and take the money. We think, however, that the current cremation certification process is not a suitable safeguard against unnatural death. It is a curiously inequitable redistribution of wealth from the less affluent to the more affluent for a service that is not deserving. Daily we sign all sorts of documents as part of the responsibilities of our jobs; so what is the ethical basis for charging a large fee for this particular form? If it is to be regarded as only another perk of the job for doctors and mortuary technicians (we note that undertakers do not make a profit on the transaction when they hand over the fees on behalf of the estate of the deceased) then surely there are more sensible ways of effecting a pay rise.

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Which deliveries require paediatricians in attendance?

SIR,—We agree with Dr R A Primhak and others (7 July, p 16) that although theoretically desirable it is impracticable to have someone skilled in neonatal resuscitation present at the delivery of every baby. Even if attendance is limited to complicated deliveries a considerable logistic burden is imposed on the paediatric services. With a view to reducing this burden we reviewed our guidelines for paediatric attendance in the delivery room. We studied the records of 3225 mothers delivering in Aberdeen Maternity Hospital over one year, representing over 99% of the deliveries from mothers resident in Aberdeen city and suburbs. Included in this group were 10 pairs of twins so the total number of infants delivered was 3235.

Although a low Apgar score correlates with the biochemical changes of birth asphyxia, it does not necessarily indicate the need for paediatric attendance at the delivery. We therefore chose to define