

Dilemmas in arranging Public Health Funerals

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This week I feel I have been challenged as a social worker and as an advocate. A client nearing end of life came into the Hospice and had no 'known/contactable' NOK. He did not have a will. He did not have a funeral paid for or a payment plan. He did not have enough money to pay for a funeral.

He also informed me that he was 'scared of being buried alive' and really wanted to be cremated.

Main points:

- No NOK to take responsibility for funeral. Friend who was first point of contact could not pay for the funeral.
- It is 'usual' procedure to bury people on a Public Health funeral.
- No will to state 'cremation' preference.
- Bank holiday weekend was imminent.

After a lengthy chat with the client I spoke to the council and wrote a plan for the ward on who to contact if he were to die 'out of hours'.

The client understood the rules re: burials but was still worried about it. He accepted this was going to happen and slowly deteriorated.

I felt that it was unfair that he should not get his dying wish because he does not have NOK to consent to a cremation.

We looked at him writing a will. But these need an executor to organise affairs and the funeral and he did not want his friend to do this.

We looked at his finances to see if we could scrape together enough to pay for a basic cremation but by this time he was too ill.

After another call to the crematorium and to the Public Health Funeral coordinator they came back to say that if he signed a witnessed letter to say he really wanted cremated they would follow his wishes. Hooray....a step forward. I popped down the ward but he was heavily sedated and end of life.

Sometimes the boat sails too early and you miss it. I was so fed up. However, the client has been on a bit of a rollercoaster so in the hope that he would be more responsive the next morning (Sat) I left the letter. It was then the start of my Bank Holiday weekend.

On my return 4 days later the client had died. He had been well enough to sign the letter though and it was witnessed by a Dr and staff on the ward. The correct procedures had been followed and he was at the right undertakers and the documents were on their way to the coordinator at the council.

Perseverance paid off.