The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

30 April 2025

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By email: Nidha.Khan@health.govt.nz

Tēnā koe Nidha,

Submission for the review of the Cremation Regulations

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs). Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability through all our Training, Member Professional Development and Quality programmes.

Our members provide medical care to patients and their whānau. Each year approximately 24 million[1] patient contacts are recorded in 1,077 general practice teams across Aotearoa. They deliver first point of contact care to effectively manage 90 percent of all patient healthcare concerns in the community.

The College supports the continuation of current exemptions, allowing medical referees to approve cremations for low-risk cases.

Currently, each year in Aotearoa New Zealand, there are approximately 25,000 cremations.[2] Over half of these deaths are of people over 80 years of age, and 87% of deaths are those over 60 years of age. In many cases, these deaths are expected, non-suspicious, and occur in the context of palliative care, where unnecessary interventions can be both distressing for families and burdensome for already stretched healthcare resources.

Removing this exemption would place unnecessary strain on healthcare providers. Findings indicate the average fulltime GP is working 50-55 hours a week, and more practices are closing their books to new patients.[3] [4] Requiring GPs to physically examine each body would increase workload, particularly in rural and understaffed areas. In rural areas, the travel time to examine the body places further burden on the practitioner.

With GPs currently experiencing large workloads, adding responsibilities to the cremation process would likely result in delays in certification and funeral arrangements. This adds to the emotional distress of family and friends of the deceased and can interfere with timely cultural or religious practices.

Healthcare resources, particularly after-hours services, are better directed toward acute and urgent needs, rather than administrative duties that could be efficiently managed without physical examination. After hours care is strained and on the verge of collapse in some regions.[5]

The exemption currently in place strikes a responsible balance between safeguarding public health and supporting compassionate, efficient care for patients and their families.

Regulation Clarity

The College would like to take this opportunity to call for telehealth video consultations to be considered acceptable for the purposes of identifying and examining a deceased person. This will require increased clarity and guidance for practitioners involved in the death certification process. Feedback from our members indicates telehealth fulfils a valuable role in approving death certificates when needed. However, there is currently ambiguity as to how telehealth might be incorporated into this process.

Clarify whether telehealth consultation prior to death meets the standards for attending to a person during their illness.

Telehealth is becoming more prominent in general practice, and aids practitioners in meeting the high demand for care. [6] Therefore, telehealth consultations may be the only interaction a practitioner has with a patient prior to their death. This can be expected if a patient is, for example, transferred to a practitioner's care late in life with a disability that prevents them from easily arranging transport for an in-person appointment.

Clarify whether the postmortem examination of a patient via telehealth video call meets the requirements for identifying and examining the body.

The College views telehealth as a valuable and necessary component of community medicine in New Zealand. [7] Given its utility and efficacy for treating patients, it should follow that this is also a suitable medium for examination, with the practitioner providing instruction for the staff at the rest home, including identifying whether a pacemaker is present.

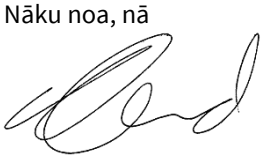
Telehealth would save large amounts of time for specialist GPs, particularly those operating in rural areas, where they may be a solo GP for the community, and commute times can be hours each way for an in-person examination of the deceased. We recommend that telehealth is considered suitable for examinations, as the alternative may result in GPs reducing clinical time or increasing fees for examination callouts to account for the increased time and travel costs. This puts further financial strain on grieving families and results in less available hours for Specialist GPs to provide community care.

The College recommends that telehealth is approved as a sufficient method for both knowing a patient before death and identifying and examining the deceased person in the low-risk scenarios of rest-homes and palliative care. If this was to be added to the exemption, we suggest it is also necessary for the certifier to record any implantable devices on the death certificate, and the funeral director would need to provide a certificate that examination had removed all devices.

The College is willing to collaborate on working towards creating clear telehealth guidelines for cremation, should this be considered.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



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[1] Ministry of Health, 2024 data.

[2] Funeral Directors Association of New Zealand, *2023 New Zealand Funeral Industry Trends Report,* 2023, Accessible: https://funeraldirectors.co.nz/assets/2023-FINAL-NZ-Funeral-Industry-Trends-Report-v3.pdf , [*Accessed 16.04.25*].

[3] Royal New Zealand College of General Practitioners '*Your Work Counts*' Project*,* 2024, Preliminary findings – unpublished.

[4] Pledger M, Irurzun-Lopez M, Mohan N, Jeffreys M, Cumming J. An area-based description of closed books in general practices in Aotearoa New Zealand. J Prim Health Care. 2023 Jun;15(2):128-134. doi: 10.1071/HC23035. PMID: 37390036.

[5] New Zealand Herald, *Overworked GPs: After-hours clinics on verge of collapse in some regions,* April 2024, Available: https://www.nzherald.co.nz/nz/overworked-gps-after-hours-clinics-on-verge-of-collapse-in-some-regions/CMLWS366MBHKVN3ROLGOGWX2LA/ , [*accessed 16.04.25*].

[6] NZTF. (2022). 2019 DHB Telehealth Stocktake Survey. https://www.telehealth.org.nz/telehealth-forum/submissions/dhbsurvey/.

[7] Royal New Zealand College of General Practitioners, *Specialist GP telehealth consultations,* 2024, https://www.rnzcgp.org.nz/resources/position-statements/specialist-gp-telehealth-consultations-position-statement/