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TO:	FROM:	PHONE:
Attention: Susan Fundarek	Carnell's Funeral Home	709 722 2730
COMPANY:	DATE:	
Canadian Nuclear Safety Commission	February 17, 2016	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:	
613 995 5086	14	
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:	
RE:	YOUR REFERENCE NUMBER:	
Radiation Therapy		

Hello:

Please forward the attached correspondence to Ms. Susan Fundarek.

Thank you.

Geoffrey C. Carnell
President
Carnell's Funeral Home Ltd.
St. John's, Newfoundland

CARNELL'S
FUNERAL HOME™

Established In 1804 Funeral Advisors And Directors

August 31, 2017

Canadian Nuclear Safety Commission
P.O. Box 1046, Station B
280 Slater Street
Ottawa, Ontario
K1P 5S9

FAX #: 613-995-5086

Attention: Susan Fundarek

Dear Ms. Fundarek:

For a 5 year period commencing in 2007 I was a presenter at the Ontario Funeral Directors Professional Development Program for licensed Funeral Directors and Embalmers. My presentation was entitled "Establishing a Standard of Care for Funeral Directors and Cremation Providers". One of the topics covered addressed Radiation Therapy and the failure to report it's use.

I have not had a chance to review, in detail, the Proposed Radiation Protection Guidelines for the Handling of Decedents. However, enclosed is a copy of my above noted presentation which may be of some benefit regarding the public consultation process.

This exercise is long overdue and extremely complex. To ensure it reaches and is understood by all the affected parties, it must be simplified.

Please do not hesitate to contact me if you believe I can be of any further assistance.

Yours truly,

Geoffrey C. Carnell, P. Eng., CFSP
President
Carnell's Funeral Home Limited
Email: gcarnell@carnells.com

Enclosure

A Presentation by
Geoffrey C. Carnell
On April 6 & 7, 2011
to the
Ontario Funeral Directors
Professional Development Program

Establishing a Standard of Care for Funeral Directors and Cremation Providers

Cremation is an irreversible process. In many instances, if a mistake is made there is nothing that can be done to correct it. Funeral directors and cremation providers must, therefore, exercise extreme care.

To ensure the authorizing representative is fully informed of all issues relating to the cremation and disposition of the deceased, a series of documents are used to provide an overview of the cremation process. The documents also create a record of the family's final wishes and instructions for which the funeral/cremation providers are accountable. But more importantly, the documents help reduce the risks associated with cremation and establish a standard of care.

What Can Go Wrong?

There are a number of areas where mistakes can and have been made. The following is a list of some of the most serious problems that can occur.

- Misidentification of the Deceased (Cremating the wrong person)
- Cremating without proper authorization
- Cremating without informed consent
- Cremating jewelry and personal effects
- Cremating medical devices
- Failure to report the use of radiation therapy
- Commingling cremated remains
- Failure to return all the cremated remains
- Misidentifying the cremated remains
- Misdelivery of cremated remains
- Wrongful disposal of unclaimed cremated remains

Misidentification of the Deceased (Cremating the Wrong Person)

This is a funeral/cremation provider's worse nightmare and, yes, there have been many reported cases in North America where the wrong person has been cremated. In fact, according to Harvey I. Lapin, U.S. Attorney and former General Counsel to CANA, the Cremation Association of North America, misidentification situations is the most litigated subject involving our profession. The following are the current means available for verifying the identification of human remains:

- Visual recognition
- Use of a photograph, provided by either the authorizing party or taken by their permission

- Match physical characteristics, such as scars, tattoos, birth marks, deformities, etc.
- Fingerprint comparison
- DNA analysis
- Dental record comparison

Funeral/cremation providers rely on the use of one or more of the first three methods. The last three methods are generally used by law enforcement agencies, forensic investigators and/or other government officials.

Mistakes can originate in various locations. Two of the most obvious are:

1. Hospitals – where the wrong body has been released to the funeral/cremation provider and

2. Funeral homes, particularly in larger establishments that handle multiple deaths on a daily basis, where mix-ups occur.

How can this be prevented? In a hospital, the remains can usually be identified in three ways: a toe tag, a wristband and a Death Certificate. Also, before the removal can take place, the Death Certificate must be shown to the morgue attendant who will sign the hospital ledger containing the deceased's name and the name of the Funeral Home or transfer service performing the removal. Each of these identifiers must be checked and verified before the removal is undertaken and each should remain on or with the body until it has been embalmed and casketed or prepared for cremation. Once removed, all identifiers should then be placed in the deceased's permanent file.

In addition to the above procedures, the standard of care in many funeral homes is to have the body identified by a family member and/or authorized party familiar with the deceased prior to cremation. As an alternative, the family or authorizing party should be asked to provide you with a recent photo ID of the deceased, such as a driver's license or passport, which should be used for identification purposes.

Whatever method is used, it is recommended that funeral/cremation providers have the authorizing party sign a Release, Confirmation and Hold Harmless and Indemnification Form that confirms the identification, indicates the means by which it was done and protects all those involved in the process.

Cremating without Proper Authorization

In Canada and most U.S. states an individual is not permitted to authorize their own cremation. The legal right to do so rests with their next-of-kin, or if they have completed a Will, their Executor or legal representative.

Although this appears to be straight forward, complications can arise. When someone signs the cremation authorization form, the funeral/cremation provider must verify the person's identity and his or her authority to authorize the cremation.

Generally, when funeral/cremation providers are dealing with someone they do not know, they should obtain confirmation of identity. Again, a driver's license or passport should be requested. If a person indicates he or she is the executor, the funeral/cremation provider should also request a copy of the first and last pages of the deceased's Last Will and Testament. This will verify the name of the executor and that the Will has been duly executed.

A word of caution. In certain situations Letters of Probate will be required. The term "probate" means proven. The probating of a Will verifies that the Will is legal and that the executor is authorized to deal with the estate. However, letters of probate are not always necessary and the decision to apply for probate rests with the Executor.

From the perspective of the funeral/cremation provider whose services are traditionally rendered prior to the probation of the Will, all they can do is to demonstrate that they have exercised their "best efforts" to identify the legal authorizing party. As for the named Executor, he or she may wish to canvas the immediate next-of-kin to verify they had no objections to the cremation taking place. If no objections are received the Executor would then be in a position to sign the Authorization to Cremate.

As previously noted, without an up-to-date Will the immediate next-of-kin will assume responsibility. Legally the next-of-kin who qualify are listed according to priority. The first level is the spouse, followed by an adult child or children of the deceased, then parents, siblings, etc. When authorization rests with the deceased's adult children conflict can occur if one or more of them do not agree with the wishes of the other siblings.

Legally, regardless of who is the oldest, each adult child has equal status. When dealing with multiple members of the same class, obtaining permission from all members of that class is the best practice. In the case of the adult children, this would require their signatures on the authorization form.

When dealing with family members who live out of town, the authorization form may be sent by fax, e-mail, obtained online, if applicable or even forwarded by mail. There are many ways to obtain signatures including by fax and via registered mail. You may wish to have the signatures witnessed or notarized. A typical notarized signature, however, simply verifies the signature was made in the presence of a notary. Therefore, what should be required is confirmation from the notary that the person signing has provided a photo identification to confirm his or her identity. The notary should indicate the form of ID used and attach a copy of the ID to the authorization document. In a rare case when a signature cannot be obtained, a verbal authorization may be acceptable.

Some jurisdictions may allow the funeral/cremation provider to obtain the signature of just one member of a multiple class; others may allow you to proceed once signatures from a majority of the authorizing agents are obtained. Regardless, best practices dictate obtaining unanimous consent.

It is not always as straight forward as it appears. Common law arrangements, same sex partnerships, legal separations, multiple marriages and family estrangements can create a legal mess. At any time, when faced with an unfamiliar situation or circumstance causing

doubt or uncertainty, the funeral/cremation provider should always seek legal advice prior to commencing cremation.

Cremations performed without proper authorization or on the basis of misrepresentations made by the authorizing party may result in serious legal problems for the funeral home and crematory.

Informed Consent

A funeral home and crematory's responsibility does not end with the signing of the cremation authorization form. The signature on this document does not ensure the authorizing party understands all that will take place and that the requirements for informed consent have been fulfilled.

A legal definition of informed consent, depending on the context in which it is being used, can be very complex. In general terms, informed consent is an agreement to do something or allow something to happen only after all the relevant facts are known. In contracts, an agreement may be reached if there has been full disclosure by both parties of everything each party knows which is significant to the agreement.

Although consent laws vary from province to province, the standard of care requires that funeral/cremation providers openly discuss and explain their services to the authorizing party prior to providing them. Furthermore, it is equally important for the authorizing party to fully comprehend the services they are authorizing and/or purchasing.

Funeral/cremation providers should, therefore, review the contents of the Authorization Form in detail, explain the step-by-step procedures and describe what the authorizing party should expect to receive at the end of the cremation process. But, does the cremation authorization form contain the information the authorizing party needs in order to provide true consent?

Issues and items that have been overlooked or assumed by one or both parties have a tendency to become critical, especially during litigation. To avoid claims of wrong doing or doubt, no part of cremation should be left to chance, assumption or someone's imagination.

The following are some key elements of cremation that funeral/cremation providers may want to disclose to authorizing parties before performing a cremation. These items may be included on the authorization form or on separate forms which should then be attached to the authorization form and treated as one document:

- The funeral home is not performing the cremation rather it is contracting it out to an independently owned crematory (3rd party). The name and address of the crematory should also be included.
- The funeral home or their representatives will not be present to oversee the entire cremation process.
- The crematory is authorized to release the cremated remains to the funeral home. Otherwise, note the name, relationship and address of any other designated party authorized to receive the cremated remains.

- Any special handling requirements or scheduling restrictions (i.e. type of casket, size of the deceased, immediate release, use of more than one urn, etc.).
- Instructions for disposition (i.e. burial, scattering, inurnment, release to family, shipping instructions, name of cemetery, time and date of committal service, etc). A separate form is often used.
- Minimum container requirements accepted by the crematory. For example, the container should be rigid, closed, leak resistant and combustible.
- Acknowledgement as to the presence or absence of implants, radioactive devices, or prosthesis on or in the body.
- Authorization for the funeral home to remove or arrange for the removal of any such devices, when required, and how and where any removed devices will be disposed of by the funeral home or crematory.
- Acknowledgement as to whether the deceased died of an infectious and/or contagious disease and, if so, record same.
- Acknowledgement as to whether the body has undergone radiation therapy within the past year.
- Authorization for radiation safety personnel from the health care system to take radiation readings of the body, monitor the cremated remains and crematory to assess radiation contamination and, if required, recommend the types of funeral procedures and services required for the protection of staff, family members and general public.
- Full written explanation of the cremation process including the following facts:
  - Body will be cremated in the casket or cremation container.
  - Body will be irreversibly destroyed by heat and direct flame and only bone/skeletal particles will remain.
  - Bone/skeletal particles will be removed from the concrete crematory floor by a rake with stiff metal bristles.
  - Bone/skeletal particles will be further reduced in size by mechanical means in order that they may be placed in an urn or other suitable container.
  - Contents of the cremation chamber may be repositioned to facilitate incineration.
  - Unintentional commingling of microscopic cremated remains will occur from previous cremations.
  - The microscopic cremated remains which remain in the cracks and crevices of the cremation chamber will be vacuumed from the chamber floor after each cremation.
  - The microscopic remains will not be disposed of in any formal manner. (This may vary in other jurisdictions).
  - Personal items, such as dentures, eyeglasses, dental fillings, jewelry, notes etc. on or in the body or inside the container will be destroyed during the cremation process. It is recommended that such items be removed before the cremation process and placed in the urn with the cremated remains.
  - Items not destroyed by the cremation process will either be returned to the family or placed in the urn.
  - Non-combustible items, such as screws, hinges, nails, latches, etc. will be removed from the cremated remains and disposed of by the crematory.
  - Handles and any other accessible metal parts will be taken off the casket before the cremation begins. Although the property of the family, these parts will usually be disposed of by the crematory on their behalf.

- If all of the cremated remains do not fit into the urn selected by the family, the remaining cremated remains will be placed in a secondary urn or container and both returned to the authorizing party.
- For identification purposes a durable, non-corrosive metal disk with an identification number will be assigned to the deceased and remains with the body throughout the cremation process.

- Description of any special custom, tradition, ritual or witnessing to accompany the cremation and to be observed by the family (i.e. committal to flame).
- How, when, where and if applicable by whom, the identity of the deceased was determined.
- Description of the type of urn selected and, if applicable, its suitability for shipment.
- Information respecting shipment of the cremated remains, including shipping date, method of shipment and applicable guidelines.
- A policy respecting the storage and/or disposition of cremated remains not claimed by the authorizing party.
- Authorization for the segregation or proportioning of the cremated remains (i.e. such as when keepsake urns are selected).
- Acknowledgement that sufficient time has been provided to ask questions and understand the authorization being given.

Full disclosure will mean different things to different people. It will also depend on one's own personal experiences. Although some of the disclosures may seem graphic and/or unnecessary, risk reduction cannot be practiced after something goes wrong.

Personal Possessions

Due to the nature of the cremation process, any personal possessions or valuables, such as, jewelry or other memorabilia which are not removed prior to cremation will be destroyed or, if not destroyed, disposed of by the crematory in a non-recoverable manner.

To avoid any miscommunication, funeral/cremation providers should record any personal possessions or valuables received and get explicit written instructions from the authorizing party pertaining to what articles should be removed from the deceased, where they should go or to whom they should be returned.

Families who would like certain personal possessions to remain with the deceased should be encouraged to place them directly in the urn with the cremated remains.

Medical Devices

Heart pacemakers or other mechanical, prosthetic or radioactive devices can explode during cremation causing significant damage to the crematorium and injury to staff. To prevent this from happening, the funeral/cremation providers should determine if the deceased has any of these surgical implants and get permission from the authorizing party to remove them. Pacemakers may be reused and, as such, are usually returned to the hospital by the funeral/cremation provider.

Radiation Therapy

Radioactive material is used extensively for diagnosis and treatment of many patient conditions. These patients have a good prognosis and are expected to be long term survivors. However, occasionally, a patient will die while they still contain a significant amount of radioactive material.

Typical treatments using radioactive material include temporary and permanent implants, external beam therapy and intake of radioactive substances. With implants the radiation sources are placed near tissue being treated. Beam therapy consists of a beam of radiation generated by a machine and directed externally on the patient's body. Radioactive substances may also be injected into a patient's body cavity as a treatment or the patient can ingest a radioactive substance that gets distributed throughout the body.

Each treatment has different radiation safety implications and would depend on the type of substance and the amount used.

In the October 2010 Edition of the Journal published by the OACFP there is an article about ***Medical Radioactive Isotopes (seeds)*** written by its Environment Committee. The article summarizes responses received from Ontario's Chief Coroner and several other agencies involved in the fields of Nuclear Medicine regarding concerns raised by its members about the cremation and/or burial of an individual who had received a radioactive implant.

The article states that medical isotopes or seeds are enclosed in sealed capsules the size of a grain of rice. The seeds lose their radioactivity over time and typically within two years after implantation they will have lost virtually all of their radioactivity.

In order to identify an individual who has a radioactive implant, patients are issued and requested to carry a card for two years after the implantation. The card contains information about the type, quantity and date of the implant, as well as the steps to follow should death occur before the two years have lapsed. The Canadian Nuclear Safety Commission or any other agency currently does not have a tracking protocol.

Because the radioactive material is contained within a sealed unit the body itself is not exposed to any harmful level of radiation. Therefore, for **funeral home staff**, there would be minimum exposure if the body is not autopsied and the embalmer uses standard aspiration and injection methods.

For **Cemetery staff**, there is no risk for contamination to personnel or cemetery grounds related to traditional burial as the seeds are sealed and tested under extreme conditions to verify they will not break.

A potential risk of exposure may be during cremation when it is possible that a seed might "rupture". For **crematory staff** the source of potential radiation exposure is inhalation of ash or dust particles during the cleaning of the retort or the processing or handling of the cremated remains. However it was noted it is highly unlikely that any crematory staff would come close to exceeding the annual dose limits for the public.

The article concludes with the following statement:

Because the use of radioactive medical isotopes is a relatively new form of treatment and very little study has been done related to the death care sector, the following points are raised for the consideration of industry members:

- *Crematory personnel should exercise universal precautions for every cremation when cleaning out a cremation chamber and handling cremated remains for processing and packaging. This entails the wearing of gloves, eye protection and a good quality mask to keep dust from entering the nose and mouth.*

- *Consider adding or revising Cremation Authorization Forms to include a specific question on the potential existence of radioactive implants (or substance) and the date of implantation.*

- *For persons who have been cremated within 2 years of implantation of radioactive isotopes, Crematory operators may consider:*

    - *not processing cremated remains*
    - *not allowing the scattering of the cremated remains*
    - *requesting that the cremated remains be placed in a metal urn if they are to be stored*

The issue of radioactive implants was raised some years ago by the Cremation Association of North America (CANA) under the heading "brachytherapy" treatment. CANA suggests the rupture of certain types of radioactive seeds during the actual cremation or processing of the cremated remains could result in a 'significant' release of radiation in a relatively confined area.

To eliminate this potential risk, CANA suggests that Crematory personnel should:

- Find out the type of seed used and its half-life and then determine if the seed should be removed or the cremation delayed until its considered inactive

When **radioactive substances are injected or ingested**, radiation safety concerns only apply within the first two to five days following intake. Again, patients receiving this treatment are expected to be long term survivors. Nevertheless, over the past few years we have had at least three patients die shortly after receiving radiation treatment. It was the first death however, that brought this matter to our attention.

The death occurred at the Health Sciences Centre, St. John's, NL, the largest hospital in the Province. Although protocols had been in place at that time for patients who had undergone radiation treatment, we had never been advised of these protocols.

The protocol at this hospital stipulates that upon death, the radioactivity in the patient remains the responsibility of the designated physician who prescribed the treatment. Before any action is taken regarding an autopsy, embalming, cremation or funeral arrangements, Radiation Safety Personnel should be consulted. The designated physician

or Radiation Safety Personnel should then ensure that a reference to the radiation in the body accompany the Death Certificate.

In this case, no reference to radiation was included on the Death Certificate and the removal had already occurred. Furthermore, it was only when our Funeral Director was advised by a family member that the body could not be cremated because of radiation treatment, did we learn about the potential hazard. A call was immediately placed to the Medical Examiner who in turn advised us to call the Radiation Safety Officer.

The Radiation Safety Officer was then dispatched to our funeral home where he took radiation readings at the body surface to estimate any radiation dose to hands, took readings inside the crematory before the cremation to determine if there was any previous radioactive contamination that might prevent the cremation from taking place, and returned after the cremation was completed to reassess whether radiation contamination had occurred.

In our jurisdiction, if a body has been treated with radioactive materials, funeral/cremation providers should not do anything with the body without first consulting Radiation Safety Personnel regarding embalming, public visitation, cremation and any other funeral procedure. The following are some key recommendation provided by the Radiation Safety Officer:

- **Implants**: Remove sealed implants before cremation. Tissue containing implants should be handled as briefly as possible. If implants cannot be removed, cremation is not recommended.

- **Embalming**: Dependent on whether or not there was an autopsy.

- **Cremation**: Not recommended when the body contains a large amount of radioactive material such that the activity will remain in the cremated remains and the crematory. This would be the case with Strontium-89 therapy for bone pain or Iodine-131 ablation therapy for thyroid cancer.

- **When cremation occurs**: Crematory staff should use gloves and masks as standard protective equipment and handle the cremated remains with remote devices rather than using their hands.

- **Storage of cremated remains**: Generally more than 1 metre from any individual

- **Scattering**: Date after which it would be safe to scatter is sometimes up to 1 year.

- **Traditional Burial**: A hermetically sealed casket is the best option for any unembalmed body containing significant amounts of radioactivity.

The Ontario Board of Funeral Services (BOFS), who has completed significant research into this matter, advised that each Canadian facility providing treatment using radioactive materials is to follow the same protocols for the handling of such materials, as set by the Canadian Nuclear Safety Commission (CNSC).

Notwithstanding, Ontario licensees are encouraged to inquire about the protocols of any facility that engages in treating individuals with radioactive materials and from which they receive bodies to ensure their own safety and that of their staff. At the very least, licensees should inquire of the legal authorizing representatives whether the individual for whom they are making arrangements has undergone radiation therapy or received any radioactive implants within the past year.

It is important to note that the BOFS does not regulate cremation itself. Furthermore, it is not in a position to recommend any other action to its licensees at this time other than to suggest that it is a topic that should be raised for discussion at the National level given the protocol is set by the Canadian Nuclear Safety Commission.

Finally, during a visit to a Peridontist, I mentioned the issue of radiation therapy and potential exposure to staff. He advised that each of his staff wear monitors to measure the levels of radiation they are exposed to during the performance of their work. Each employee has their monitor read on a regular basis and receives a written report reassuring them that they are not at risk. These monitors are obtained from Health Canada's Radiation Protection Bureau, National Dosimetry Services (NDS) in Ottawa. Their website address: www.healthcanada.gc.ca/nds. There are set up charges and monthly fees associated with this service.

Commingling Cremated Remains

Commingling is defined as the mixing together of two or more cremated remains. When a body is cremated the residue left behind includes the ashes of the receptacle in which the body is cremated and the deceased's bone fragments. Both the ashes and the bone fragments are removed from the concrete floor of the retort with a rake that has stiff metal bristles. The materials are raked into a metal pan and the bone fragments are then removed by hand and placed in a mechanical processor for further reduction in size. The ashes and any other foreign residue are then disposed of by the crematory.

Due to the extreme heat generated during the cremation process, the concrete floor and ceiling of the retort, along with the refractory brick forming the sides of the chamber are susceptible to cracking. Because of these cracks it is impossible for the crematory to remove all of the cremated remains as microscopic particles become trapped between the cracks.

To avoid any misunderstanding, families should be made aware that they will not receive 100 per cent of the cremated remains of their loved one since some will be unrecoverable.

After each cremation crematory personnel clean out the retort by thoroughly vacuuming the floor and sides of the chamber. By doing so this ensures that the cremated remains of different individuals are not commingled. Therefore, it is equally important that the family also understands the efforts made by the crematory to prevent commingling.

A more serious form of commingling occurs when more than one body is cremated at the same time. Unless specifically sanctioned by a regulatory agency, this practice is strictly prohibited. If undertaken it could result in disciplinary action including fines and loss of license by the regulator and/or legal action against the funeral/cremation providers by the families of the decedents.

Failure to Return All of the Cremated Remains

The amount of cremated remains returned to a family will depend on the skeletal stature of the deceased. As a rule of thumb, the larger the skeletal stature, the greater the quantity of cremated remains generated.

It is, therefore, important for funeral/cremation providers to have a wide variety of urns with varying capacities from which to chose. Regrettably, there are occasions when the urn selected cannot hold all of the deceased's cremated remains. Rather than disposing of the surplus, the additional cremated remains should be placed in a second urn. A plastic utility urn is usually used for this purpose and is usually provided at no charge. A detailed explanation of why a second urn is required should also be provided to the family.

Failure to return all the cremated remains is very unsettling for a family and has been the source of complaints filed with regulatory authorities and lawsuits.

Misidentification of Cremated Remains

In addition to confirming the identity of the deceased prior to cremation, it is equally important to establish an identification procedure throughout the cremation process. If a body is to be delivered to a crematory, the standard procedure is to attach a durable, non-corroding identification tag to the wrist or ankle. At the crematory the I.D. tag is removed and when the cremated remains is recovered, the tag is put inside the urn or container that holds the cremated remains.

Funeral homes performing their own cremation should use a similar procedure. In this case a metal disk that has been stamped with an identification number is assigned to the body.

In addition to the ID tag, a permanent register or log should be kept by the crematory in which the following information should be recorded: the tag number and name of the deceased; the name of the funeral home for whom the cremation is being performed; a brief description of the casket/container in which the deceased is being cremated; date of cremation, and a brief description of the urn/container in which the cremated remains was placed.

A Release of Cremated Remains Form should also be signed and dated by the person to whom the cremated remains was released. Again, when the cremated remains are recovered, the metal disk is placed in the urn or container.

Identification information should also be placed on the outside of the urn or container. Brass name plates engraved with the name and age of the deceased are usually attached to the urn or the urn itself is personalized with laser etchings, the deceased's name, etc. Cardboard and plastic urns which are used for transportation and then discarded should also have ID labels attached to the bottom of the container.

Misdelivery

The importance of having explicit written instructions when cremation is involved cannot be overstated. In order to determine what should happen with the cremated remains, funeral/cremation providers should record the authorizing representative's wishes on an "Instructions for Disposition" form. The form should identify where and when the cremated remains are to be interred, if scattering is to take place, to whom they should be released or if they are to be shipped to whom and how they should be sent.

Should something go wrong and the cremated remains are lost by the carrier or recipient, the funeral home and/or crematory will be held harmless from any liability if the instructions were followed as documented.

Wrongful Disposal

One of the biggest problems funeral/cremation providers face is what to do with unclaimed cremated remains. Throughout the U.S. and Canada there is a backlog of cremated remains, some dating back over 20 years, that have simply been left in the funeral home and never picked up.

Although many funeral homes stipulate on their documentation that they are authorized to permanently dispose of unclaimed cremated remains in common ground if they are not advised within a prescribed time frame as to their permanent safekeeping or memorialization, they are reluctant to do so rather than face possible litigation for wrongful disposal. Many jurisdictions have begun to address this matter and are now allowing funeral homes to properly dispose of the cremated remains after a defined time period. Others are authorizing the release of the cremated remains to a neutral third party, such as a coroner or medical examiner for disposition.

General

There are a number of things that can go wrong when cremation takes place. Whether it is the identification of the deceased or the cremated remains, the procurement of personal possessions or the final disposition of unclaimed remains, it is incumbent upon the funeral/cremation providers to fully inform those involved and establish a standard of care that is comforting and reassuring for the family.

Note:

Participants who may have questions or would like additional information are encouraged to contact Geoff Carnell as follows:

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Geoff Carnell, a professional engineer and licensed funeral director is currently President of Carnell's Funeral Home Ltd., operators of the Carnell Memorial Chapel and Crematorium in St. John's and Carnell's Visitation and Reception Center in Mount Pearl. He is author of two books, "When The Sun Sets, A Guide to Funeral Planning" and the "Complete Guide to Funeral Planning" recently published in the United States.