Funeral Directors
ASSOCIATION OF NZ

Submission to the Royal Commission of Inquiry into COVID-19 Lessons Learned

30 October 2023

ABOUT THE FUNERAL DIRECTORS ASSOCIATION OF NEW ZEALAND (THE ASSOCIATION)

The Funeral Directors Association of New Zealand is a membership organisation representing nearly 110 member firms and 250 funeral homes. Together, members represent around 75% of all funeral homes across New Zealand.

Funeral directing is not regulated in New Zealand, so the Association takes the lead in ensuring it's members meet and maintain strict standards of practice and ethics which include having qualified staff who hold practicing certificates. Members of the public who have an issue with a member funeral home can use the Association's complaints process.

ABOUT THE NEW ZEALAND EMBALMERS ASSOCIATION (NZEA)

The New Zealand Embalmers Association Inc represents over 200 qualified and student embalmers in both domestically and internationally. Many of our members work for Funeral Directors Association affiliated funeral homes.

Like funeral directing embalming is also not regulated in New Zealand. Our role is to set the standard in embalming in New Zealand while continuing to oversee the qualification and ongoing professional development of our membership.

ABOUT THE NEW ZEALAND FUNERAL PROFESSION PANDEMIC RESPONSE

The New Zealand Funeral Profession Pandemic Response was initially managed using a hybrid of the Funeral Disaster Response Team including the Presidents of the Association and NZEA and the Association CEO as well as key Association staff members.

The Funeral Disaster Response Team is a standing group of funeral industry professionals drawn from the Association and NZEA. Prior to the pandemic, Response Team members had been involved in writing the relevant sections of the NZ Pandemic Plan, created in early 2000-2001 and reviewed every 6 or so years.

The initial response was two-fold:

1. An immediate response to infections occurring within communities and the process of shutting down the whole of New Zealand.
2. Preparing for a possible worst-case scenario including an understanding of the capacity of funeral homes, District Health Boards and cemeteries and crematoriums.

As it became clearer that we were not facing a worst-case scenario, over time the management and Board/Executive of the Funeral Directors Association and NZEA took direct responsibility for the management of the response and communication with members and stakeholders.

OVERALL COMMENTS

> *"From the outset the MOH, and I assume the other Government Departments, were focused on the public health implications of the Pandemic. As much as they sympathised with the plight of the bereaved, they were towards the bottom of their list of concerns. It wasn't until we talked in the media about the approach being cruel and without compassion that we started to get traction on some of our concerns. It may be worth mentioning that we estimate that over 4000 families were affected during the first lockdown, by being denied a meaningful farewell. This was compounded as successive lockdowns followed."*
>
> ***Gary Taylor, President of Funeral Directors Association of New Zealand during Covid-19 lockdowns***

Deathcare in New Zealand often feels like the distant cousin of healthcare. Despite a comprehensive Law Commission review of the key legislation, the Burials and Cremations Act, Government has failed to act on any of the recommendations outside of the some non-legislative changes to the automation of death documents.

There is no centralised register of funeral directors and embalmers and the quality of deathcare services is left to industry bodies.

There is a lack of a robust local evidence base on the systems of deathcare needed to provide sustainable, respectful and responsive to diverse community needs services. New Zealand's unique Māori needs are not captured in international evidence.

Unlike health care, deathcare in terms of the most immediate response (the funeral) is almost entirely in the hands of the private sector, made up of a mix of around 70% mostly small to medium businesses and 30% corporate owned funeral homes.

Against this backdrop, it is perhaps unsurprising that the overall impression of the industry was that 'funerals' and 'funeral directors' were sometimes the forgotten part of the healthcare response to the pandemic.

Often we had to fight to be recognised within the definition of front line healthcare workers, engagement efforts didn't always lead to clear, positive outcomes for our members or their families and local expertise was sometimes ignored in favour of international practice which didn't fit local cultural needs, particularly around tangihanga.

More positively, Ministry of Health and other officials did engage with our members, and through our joint Association efforts we were able to represent their needs, and in turn communicate back to most of the funeral industry (although not all). And despite challenges reaching the right officials at the start of the Omicron variant, we were pleased that funeral workers were recognised as critical workers from the initial rollout of rules around isolation and RAT test access.

We are pleased to share our more detailed feedback below and to contribute to the lessons learned.

KEY AREAS IN NEED OF IMPROVEMENT

1. Recognition of deathcare professionals as essential workers

Frontline health professionals and allied health services were recognised as essential workers and received PPE and other assistance free of charge. However funeral homes had to provide PPE to their teams at their own cost as it was mandated to be used. We also encountered multiple instances where mandates

2. Supply chain alignment with instruction

We encountered multiple instances where mandates were issued for items essential to our work, but either the supply was limited, or these items were procured by authorities and not provided to us. Some examples include the requirement for Personal Protective Equipment (PPE) for every deceased handled, sheets for each case, and Rapid Antigen Tests (RATs).

3. Lack of clear definitions

Another concern was the lack of clear definitions for essential items such as PPE and masks. When we were mandated to use specific items like masks and PPE, these items were not defined, leading to confusion and challenges in compliance. In the UK, PPE was defined to include short-sleeve tops and no headgear with a face shield, while the USA required full covering, including head and arms. Unfortunately, New Zealand lacked a clear definition, compounding our challenges.

4. Consistency of instructions during crisis repeats

Our sector faced a setback in terms of consistent instructions for the 2nd lockdown. Many of the settings we had worked hard to correct and make workable during the first lockdown were defaulted back to their original settings during the second lockdown. An example of this inconsistency was the handling of embalming, which was discouraged initially but then encouraged as an effective means to stop the spread of infectious diseases.

5. Overriding Ministry of Health by Department of Prime Minister and Cabinet

We experienced issues with MOH and DPM&C jointly directing the "traffic light system." After we requested changes to the directives, they were presented in a different form the next day. This resulted in extended discussions to re-implement the changes we had initially agreed upon.

6. Lack of a central register of funeral workers

In advocating on behalf of funeral directors and embalmers, the Ministry of Health assumed at some level that the Associations spoke for all funeral companies in New Zealand. While we reached many, we didn't reach all which would have been problematic in a worse-case scenario situation. Some type of regulation or registration of all funeral directors was mooted in the Burials and Cremations Act review but is currently on hold.

7. Local inconsistency in interpretation

Local councils often took their own interpretation of the rules. For example cemetery staff in one location would treat the rule of '10' as including funeral directors and sextons, while in others it was 10 plus those roles. (The Ministry of Health always made it clear to us funeral directors were excluded from the 10 so that up to 10 mourners were allowed).

8. Decisions at times driven by overseas not local information

An example of this was the Ministry of Health's understanding of what 'embalming' is in New Zealand. The WHO documents which referred to embalming had no relevance to how embalming is carried out in New Zealand. Eventually, with the support of several forensic pathologists, the Ministry of Health agreed that the embalming of deceased persons was the best method to provide public protection.

9. Lack of empathy for the grieving

While the Associations supported the Government's role in protecting New Zealanders during the most critical lockdowns, we condemned the decision in mid-May 2020 to retain the rule of 10 for funerals and tangihanga under Level 2. We noted that by that stage we could manage the funeral environment effectively and commented publically on the cruel and heartless decision affecting many families who had been waiting for Level 2 to hold a meaningful farewell. This decision was reversed after the Funeral Directors Association provided the Ministry of Health with evidence of the robust standards it was putting in place to manage funerals.

ASPECTS THAT INITIALLY SUCCEEDED BUT FELL SHORT LATER

10. Negotiations with Ministry of Health

The Mnistry of Health were receptive to our input and as time went on allowed us to draft a lot of the 'rules' . What we didn't understand was that a number of industry associations were doing the same exercise with MBIE and other Government departments resulting in a number of mixed messages coming out via various Government Department websites. This was compounded by the work of the Department of the Prime Minister and Cabinet who at times made their own rules without regard to anything we had proposed. There seemed to be no overall authority coordinating information within the Government.

11. Changes in directives by Department of Prime Minister and Cabinet

While initial directives allowed us to comment on changes shortly before announcements in the first lockdown, this system changed when DPM&C became involved. Agreed directives were sometimes ignored and reworked, resulting in additional discussions to revert to the original agreements.

12. Use of the pandemic plan

The Funeral Disaster Response team chair had previously written a plan for a pandemic in 2000, with the pandemic scenario being reviewed every six years or so alongside the Ministry of Health and the Police DVI Committee. However the table-top exercise failed to predict how officials and politicians would respond, including ignoring or re-shaping aspects unnecessarily. There were instances where clear, rational implementation of the guide would have saved time and later mistakes.

THINGS THAT WENT WELL

13. Recognition of the qualifications of embalmers and funeral directors

Limiting embalming and funeral directing to those who held qualifications and practicing certificates from their respective Associations was a recommendation provided by us and accepted by the Ministry of Health. In the case of embalmers this recognised their skill and experience in how to use Personal Protective Equipment and stop cross-contamination of infections material. For funeral directors the effect was to stop families transporting deceased persons during the period.

14. Comprehensive communications within our Associations

Daily Zooms and email and social channel updates as soon as rules changed (which would often be several times over a day) meant our members were kept up to speed with the rapidly changing rules. We did, however, face a challenge during the first lockdown when our Funeral Directors Association CEO was hospitalized, leaving us with only one point of contact. Industry bodies are necessarily lean and the staff and Board members worked long hours to meet the communication needs of members.

15. Being listened to

Our efforts to ‘push back’ communicating unworkable Sector enforcement were met with receptiveness. Specific policies, such as limiting the number of attendees at tangihanga and securing exemptions for staff to not be counted in the limited gathering numbers, were quickly reconsidered, with this and many other hard-line policies revised quickly and overturned in a matter of 24-48 hours (albeit initially only after we talked to the media about restrictions being cruel and without compassion).

16. Review Hui

The Review Hui, hosted in Wellington and led by MOH during the first lockdown, brought together sector representatives, our board, and the Ministry of Health for constructive discussions. This event led to productive problem-solving and the implementation of several ideas as the pandemic evolved. We recommend a similar "review" approach following any intensive medical event, not just a ‘one off’ in the middle as this was, as it was so useful.

SUMMARY: LESSONS LEARNED FOR THE FUTURE

1. Ensure a sufficient supply of mandated items for health workers before requiring their use.
2. Share sector-mandated instructions in final draft form for input before public announcement.
3. Conduct debrief meetings after each crisis point is over
4. Share a conclusion document after the crisis level is lowered to preserve the work of steering groups that have contributed to changes to form the base document for the next incident.

Broader opportunities

1. Capture a local evidence base of grief experiences in death and funeral practice. Rapua te Mārama, published by Moeke-Maxwell T and Mason K (2022) and supported by the Funeral Directors Association, provides a compelling account of the extreme grief and distress cauase to Māori whānau unable to fulfil traditional tangihanga protocols.

2. Progress development of a central register of funeral homes (which covers funeral directors and embalmers).

CONCLUDING COMMENTS

> *"It is difficult to put into words the raw emotion of our members that I experienced during the lockdowns and the restrictions imposed on us. There was anger, sometimes directed at me or the National Office team, just because the frustrations and demands on our members became too much to handle. There were a lot of tears, as members told me of the struggles they were experiencing both personally and as the gatekeepers of the funeral. I recall one conversation with a member who became very emotional when describing how he felt being the only witness to the final farewell of a loved one as the family could not attend, The family having placed their faith in him to be their witness. This is the real human cost of the decisions that were made."*
>
> ***Gary Taylor***

We would be pleased to expand on any of these comments as the review progresses.

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