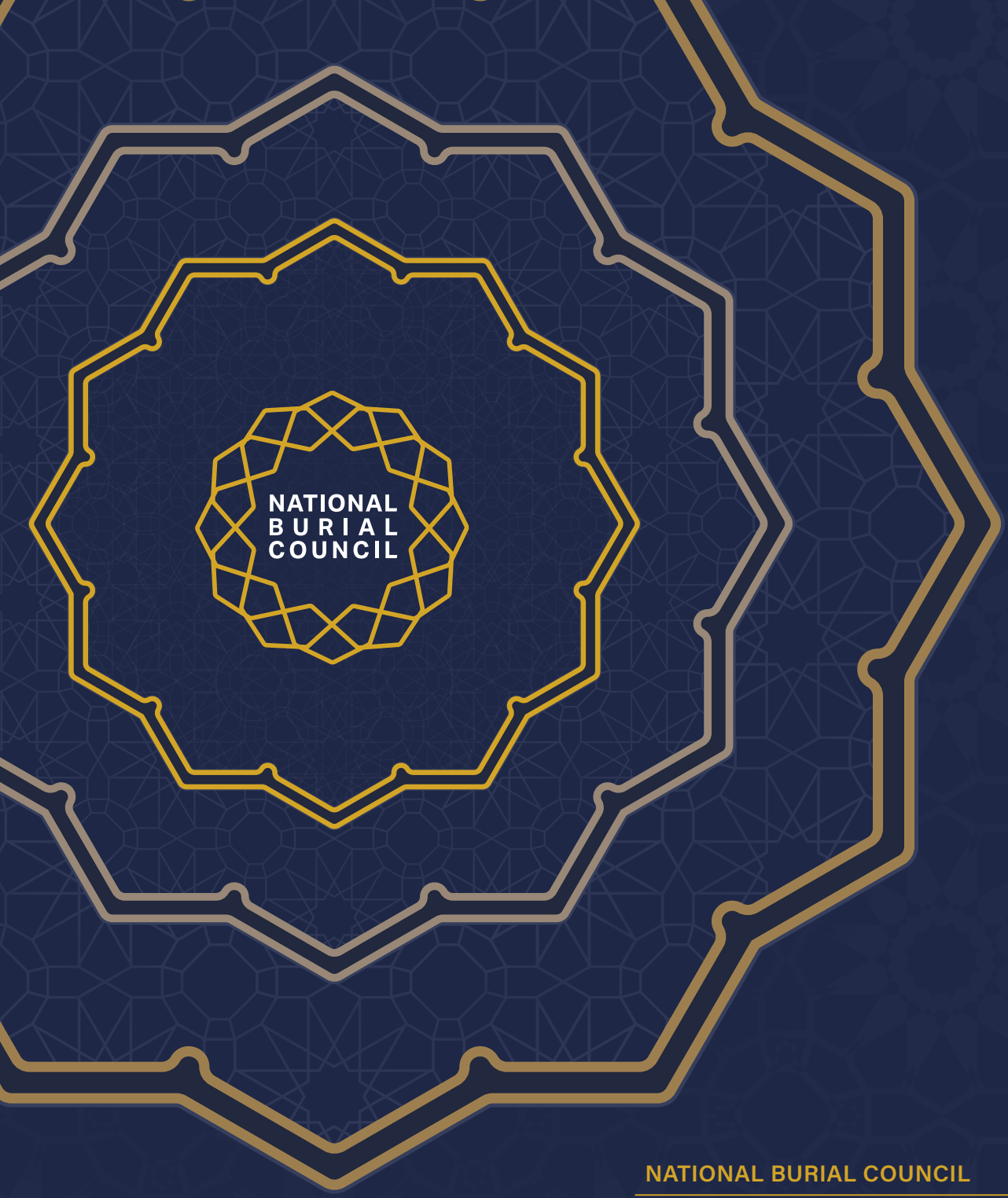

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2026

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Chair's foreword

In the Name of Allah, the Most Compassionate, the Most Merciful.

As we look back on the past year, we do so with deep gratitude for the progress made across the bereavement sector — and with honest recognition of the challenges that still lie ahead.

The National Burial Council remains committed to working hand in hand with government departments, statutory agencies, healthcare providers, funeral directors, volunteers, community organisations and bereaved families, so that every person who has passed, and every family left behind, is treated with the dignity, respect and compassion they deserve.

One issue that continues to weigh heavily on us is the regulation and standards of mortuary and funeral services. Recent incidents have shown just how vital oversight and accountability remain, particularly within private mortuary facilities. We support robust minimum standards that protect grieving families and uphold the dignity of the deceased — but any future framework must also recognise the unique character of Muslim funeral services, which are so often delivered by volunteers and community organisations, freely given and stretched thin on resources. Regulation must therefore be proportionate, effective and sensitive to these realities, ensuring dignity and respect in every setting. While such legislation is welcomed, government should also consider the affordability of compliance for volunteer-led organisations, so new standards do not inadvertently place these essential services beyond their reach.

This year's conference places special focus on maternity and neonatal bereavement care. Inequalities in maternity services persist, particularly for Black, Asian and Ethnic Minority families, and the continuing higher rates of stillbirth, neonatal death and adverse outcomes remain deeply troubling.

Every family deserves equitable, compassionate and culturally sensitive care — and we will continue pressing for the improvements needed to close these gaps.

Funding pressures across the NHS and wider public services remain a serious concern. Mortuaries, hospitals, bereavement services and local authorities are all stretched, and meaningful investment is essential if these services are to meet the needs of the communities that depend on them.

The wider availability of non-invasive post-mortem examinations remains one of our key priorities. Progress in parts of the country — where new scanning facilities are now offering families gentler, dignified CT post-mortems — is genuinely encouraging. Yet access remains inconsistent and, for many, a postcode lottery. Several cities already provide this service at no extra cost to families, and this model should be considered the standard for wider rollout. We believe these options should be available nationwide, so all families are offered the least intrusive path wherever clinically possible.

The coronial service, too, requires urgent attention. Shortages of coronial and paediatric pathologists are causing delays that add further distress to families already grieving — with some waiting weeks for examinations, and some children needing to be transported long distances due to a lack of local specialist facilities. Long-term workforce planning, alongside continued investment in non-invasive technologies, is essential to easing this burden.

Amid these challenges, it is important to pause and recognise the extraordinary people carrying this work forward. Registrars, coroners, hospital bereavement teams, medical examiner offices, chaplaincy services and local authority cemetery staff go above and beyond every day to support families in their hardest moments. Their dedication, professionalism and compassion deserve our heartfelt thanks.

I want to particularly highlight the value of chaplaincy and pastoral care. These teams offer not only spiritual comfort but also practical guidance, helping families navigate complex processes at a time of grief and vulnerability. Continued investment in chaplaincy across hospitals, hospices and care settings matters enormously.

Mental health, too, has become an increasingly urgent issue for our communities. The rise in psychological distress, and in lives lost to suicide, is deeply concerning. Equally disturbing is the increase in the number of young people aged 6–17 arriving at A&E in severe mental health crisis. Reports show more than 75,000 children attended A&E in 2025. We must do more as a collective to protect our children and future generations. We must keep challenging stigma, encourage open conversation, and strengthen support that draws on both professional and faith-based approaches.

Bereavement support services have achieved a great deal, but gaps in provision remain — and closing those gaps must become a shared priority. We remain especially mindful of those who have come to the faith more recently; they deserve our continued care, support and guidance, wherever they may be, whether within civic society or in prison. No one should ever be left to navigate this path alone.

Economic hardship continues to weigh on many families. Rising funeral and burial costs mean more people than ever need financial help at the moment of their greatest

loss. Community funds, charitable organisations and volunteer-led initiatives play a vital role here, and we must keep building sustainable ways to support those most in need, with the right safeguards in place.

The question of next of kin and end-of-life wishes also remains a source of real concern. Too often, a person's burial wishes go unfulfilled because of legal disputes or disagreement among surviving relatives. We welcome ongoing discussions around reform and believe clearer legal protection for individual wishes would benefit families and communities alike.

Above all, I want to pay tribute to the thousands of volunteers, mosques, community organisations and funeral service professionals who serve families every single day. Their quiet, selfless dedication is the backbone of Muslim bereavement services across the United Kingdom — without them, so much of what our communities rely on simply would not exist.

Finally, my sincere thanks to all our partners and stakeholders — the Department of Health and Social Care, the Ministry of Justice, the Department for Work and Pensions, coroners, medical examiner services, NHS organisations, local authorities and cemetery providers. Through collaboration and mutual understanding, we continue to improve outcomes for bereaved families and ensure that faith requirements are honoured wherever possible.

I would fail in my duty if I did not mention Gardens of Peace, who have been among my strongest and most steadfast supporters throughout this journey. Their guidance, generosity and unwavering commitment — to me personally and to our community — have made so much of this work possible. Without them, I would not be able to fulfil my role as I do. For their support, partnership and friendship, they remain forever in my gratitude.

As a community, we must remain united. Death touches every family, every community, without exception. By working together, sharing what we know and supporting one another, we can continue raising the standard of bereavement care — and ensure that every person is given the dignity and respect they are owed.

May Allah (SWT) grant us the wisdom, strength and unity to continue this important work.

We take this moment to remember all those who passed away this past year, especially those who gave their lives in service to our communities and to the bereavement sector. We pay particular tribute to Hafez Adam Sabat, one of the founding members of the National Burial Council, whose contribution and service we remember with deep gratitude. May the Almighty shower him with His choicest blessings and reward him for his many years of service to the community.

We pray that Allah (SWT) forgives all those who have passed, grants them Jannatul Firdaus, elevates their ranks, and grants patience and comfort to those they have left behind.

May Allah accept the efforts of all who serve families in their time of loss, reward them abundantly for their sincerity, and unite us as one Ummah in service to our communities.

Ameen.

Mohamed Omer MBE
Chairman National Burial Council (NBC)

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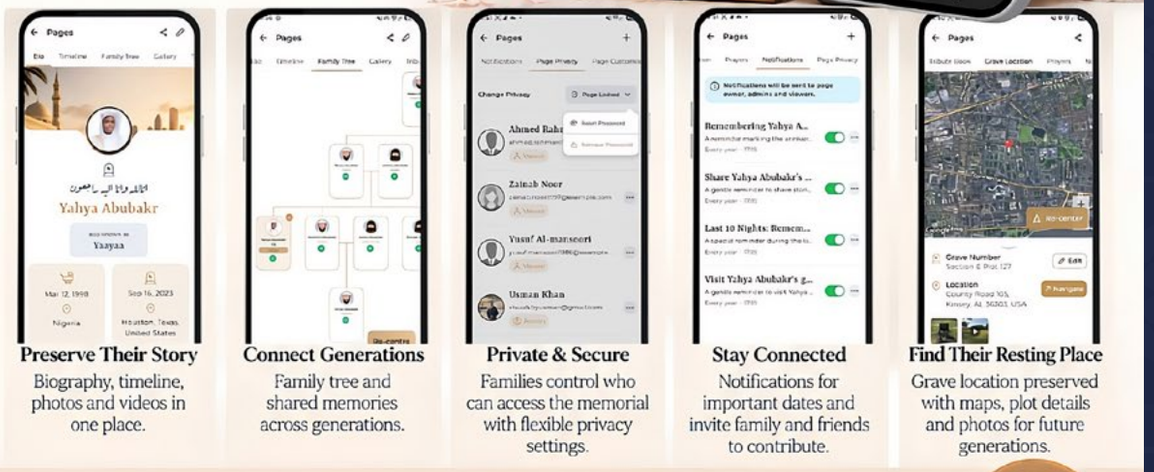

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About us

What is the National Burial Council (NBC)?

The NBC is an umbrella organisation representing the diverse Muslim Funeral Directors and bereavement associated services across the UK. It was established in recognition for a need for such an organisation to promote and enhance the standards of funeral and bereavement services within the sector.

NBC has become widely recognised by the Government and statutory organisations as the voice for the sector.

To achieve this, NBC plays a key role nationally. The executive team have been working collaboratively and engaging with key local and national government and statutory bodies including Public Health England, Cabinet Office, Chief Coroner's Office, the National Medical Examiner, Ministry of Justice, Department of Health and Social Care, The Law Commission, etc to ensure the requirements of our Muslim FD's and bereaved families are well represented and where possible, embedded in the policies and guidance documents.

Our mission

To work together to improve the standards of bereavement support and service and promote good governance and operational excellence.

Our objectives

To be the national representative umbrella body for the diverse Muslim funeral directors and community groups offering bereavement and funeral services in the UK.

To provide strong and effective representation as a consultee and a lobbyist within all tiers of central and local government for our members.

To lead the transformation and professional development of Muslim funeral directors and bereavement services guided by the tenets of Islam to improve and further develop services to the members and the community.

To promote NBC both within the association, within the community and with all stakeholders.

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NBC marks milestone 10th Annual Conference

The National Burial Council (NBC) marked an important milestone with its 10th Annual Conference on Saturday 13 September 2025. More than 250 delegates from across the bereavement sector attended, bringing together funeral professionals, faith leaders, policymakers and community representatives to reflect on progress, share best practice and consider the future of bereavement and funeral services across the UK.

The conference was honoured by the presence of Chief Coroner HHJ Alexia Durran and Professor Lisa Webley, Law Commissioner. Their participation provided a valuable opportunity to showcase the professionalism, compassion and commitment that define the Muslim funeral and bereavement sector.

Keynotes addressing the challenges ahead

A series of thought-provoking keynote addresses explored some of the most significant issues facing bereaved families and the professionals who support them.

David Hayward reflected on the first year of Death Certification Reform, highlighting progress since implementation and areas requiring further development. Dr Wajid Akhter examined the continuing impact of health inequalities and how disparities affect patients, families and communities experiencing bereavement. Shaykh Yunus Dudhwala, in his address From Burial to Barakah, reminded delegates that alongside systems and legislation, bereavement care must retain its spiritual, compassionate and human dimension. NBC Chairman Mohamed Omer MBE spoke on Meeting Community Expectations and Challenges, emphasising sector progress while underscoring the need for continued advocacy, collaboration and resilience.

Workshops turning discussion into practice

Delegates participated in interactive workshops covering medical examiner processes, end-of-life care, regulatory developments and the Law Commission's review of burial law, including proposals on grave reuse. These sessions enabled delegates to discuss real-world challenges, share experiences and consider how emerging policy may affect funeral directors, burial authorities, faith communities and bereaved families.

Building on a decade of conferences

The 10th Annual Conference offered a moment to reflect on NBC's growth from grassroots advocacy into a respected national voice. Through engagement with government, statutory bodies and communities, NBC continues to champion dignity, timely burial, religious and cultural needs, compassionate bereavement care and high professional standards.

As NBC looks ahead, its purpose remains clear: ensuring bereaved families are heard, communities supported and every person treated with dignity and respect.

"The conference was extremely inspiring and encouraging - This forum allows me to keep updated with the latest changes in the law that affects everyday service we provide." **Attendee feedback**

News in brief

The assisted dying Bill defeated in Parliament

The Terminally Ill Adults (End of Life) Bill has been formally defeated, MPs Voted on Friday 11th September bringing this latest legislative attempt to an end.

The Bill, reintroduced by Lauren Edwards MP, sought to allow terminally ill adults to request assistance to end their life under strict safeguards.

Its defeat reflects ongoing concerns raised across faith communities, palliative care specialists and bereavement organisations about the protection of vulnerable people, the sanctity of life, and the wider impact on families and professionals. For many faith-based groups, the outcome reaffirms the importance of compassionate care, dignity, and strengthened end-of-life support rather than a change in the law. While public debate will continue, yesterday's decision ensures that current protections remain in place.

Death registration to become digital from November 2026

From 9 November 2026, death registration in England and Wales will begin its transition into the digital age — a significant change for funeral directors and bereavement professionals. For the first time, families will be able to register a death remotely by telephone or video call, marking the start of a phased move away from the paper registers that have been used since 1837.

The shift to electronic registers is described as "the beginning of the change – not the day when all registration becomes online."

Key points for funeral directors:

· Remote death registration begins 9 November 2026
· Telephone/video options will vary by local registration district
· Fully online death registration will follow later
· Birth registration remains in-person until future phases
· Registrars continue to check information and support families
· Birth, stillbirth and death certificates will continue to be issued as normal in person
· Electronic registers do not introduce any new registration or certificate fees

The Local Plans (Burial Space) Bill

The Local Plans (Burial Space) Bill [HL] is a private member's bill introduced by Lord Mohammed of Tinsley (Liberal Democrat). The bill would establish a duty for local planning authorities, as part of their existing planning duties, to ensure adequate burial ground space is provided in their local area. It would also require local planning authorities to set out plans concerning how they intend to address any shortfall in burial ground capacity. The bill would apply in relation to England only.

Lord Mohammed has argued the current planning system does not ensure adequate space is made available for burial grounds.1 Speaking to the purpose of the bill, he said:

The bill would require burial ground space to be guaranteed within local plans. It would make councils and planning authorities include provision for future burial sites when drawing up their planning documents. There is currently no statutory duty on local authorities to make provision for burial, meaning councils are not legally required to plan for it, and there is increasing localised pressure on burial spaces in some parts of the country.

The bill aims to fix that by ensuring long-term burial capacity is planned for at a local level. England is facing a growing shortage of burial space. In 2021, cemeteries in a quarter of local councils were predicted to be full within 10 years. Yet there is currently no legal requirement on councils to plan ahead for burial provision, meaning the problem risks being ignored until it becomes a local crisis.

Rising A&E mental health crisis among children and young people

NHS paediatricians are reporting a sharp increase in children and young people arriving at A&E in severe mental health distress. New analysis by the Royal College of Paediatrics and Child Health shows a 36% rise in attendances among 6–17yearolds between 2019 and 2025, with some of the steepest increases seen in children as young as six.

In 2025, more than 75,000 children and young people attended A&E for issues such as self harm, eating disorders, and acute emotional crisis — far outpacing the overall growth in emergency attendances. Many were brought in by families, carers or police when behaviour became unsafe or unmanageable.

Over 6,200 young people faced waits of more than 12 hours, highlighting the pressure on emergency departments and the lack of suitable community based mental health support. Clinicians emphasise that A&E is often not the right environment for these children, but limited alternatives leave families with few options.

Government officials say plans to strengthen mental health services for children and young people will be announced soon.

The Bill is currently at he committee stage is the House of Lords

Building bridges: Sharing chaplaincy experience in Japan

By Sabia Rehman, Muslim Chaplain BIMA Lead eolc Vice Chair of the National Burial Council

In June 2026, I had the privilege of travelling to Tokyo with fellow speakers Tauseef Khan and Dr Mansur Ali to participate in the International Symposium on Muslim Chaplaincy: Theory, Practice and Institutional Development. Hosted by Sophia University's Graduate School of Applied Religious Studies, the symposium provided an important opportunity to share UK experience and contribute to conversations about developing chaplaincy services in Japan.

Each of us brought a complementary perspective. I reflected on Muslim chaplaincy within the NHS; Tauseef Khan explored the practical, day today realities of supporting patients and families; and Dr Mansur Ali examined the relationship between chaplaincy and Islamic jurisprudence. Together, we demonstrated that effective chaplaincy requires religious understanding, pastoral skill and the ability to work professionally within healthcare institutions.

Having served as a Muslim chaplain since 2008 across three NHS trusts, I have seen chaplaincy evolve from a largely voluntary and unfamiliar role into a recognised part of healthcare. My presentation highlighted how chaplains support patients, families and staff while working alongside clinical teams and within clear professional boundaries. At its heart, chaplaincy is about presence—walking with people through vulnerability, uncertainty and end of life moments with compassion and without judgement.

On the second day, we delivered interactive workshops using anonymised case studies from practice. Through role play and verbatim reflection, participants experienced how chaplains listen, respond and remain present when situations have no simple answers. The workshops emphasised listening, silence, sensitive questioning, cultural awareness and professional boundaries.

A central theme was how chaplaincy could develop within Japan. The aim is not to replicate the NHS model, but to learn from international experience and build an approach suited to Japan's healthcare system, culture and communities. Sustainable chaplaincy will require recognised training, supervision, referral pathways and professional standards.

Although the symposium focused on Muslim chaplaincy, the wider vision is inclusive spiritual care for all.

For the National Burial Council, this resonates deeply: spiritual care extends into end-of-life planning, bereavement and burial. Our visit reaffirmed that, across cultures, the need for compassionate human presence is universal.

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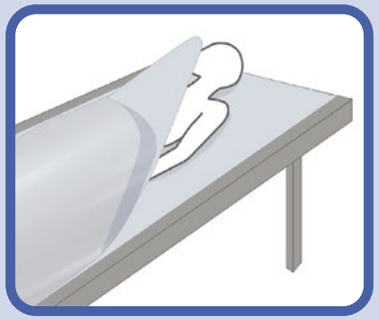

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The National Medical Examiner Report 2025: A system beginning to make a difference

The publication of the National Medical Examiner's Report for 2025 marks a significant milestone in the reform of death certification across England and Wales. Written by Dr Huw Twamley, the report reflects on the first full calendar year in which the statutory Medical Examiner system operated across all non-coronial deaths.

Introduced nationally in September 2024, the reforms represent one of the most substantial changes to death certification in decades. Their core principle is clear: every noncoronial death should receive independent medical scrutiny, and bereaved families should have the opportunity to ask questions and raise concerns with someone not directly involved in their loved one's care.

Half a million deaths independently scrutinised

In 2025, Medical Examiners scrutinised 501,927 deaths across England and Wales. Engagement from bereaved families has been remarkable, with around 97% choosing to speak with the Medical Examiner service. This marks a cultural shift in how families experience the certification process. They are no longer passive recipients; they are being offered clarity, reassurance and a meaningful voice.

Scrutiny is also identifying themes that can directly improve patient safety. Concerns raised include missed clinical deterioration, delays in diagnosis or treatment, communication failures, discharge issues, dignity after death and whether families' wishes were properly heard. By recognising patterns across deaths, Medical Examiners are helping healthcare organisations identify learning before problems become embedded.

Fewer unnecessary coroner referrals

A major development highlighted in the report is the reduction in unnecessary referrals to coroners. Between 2023 and 2025, the number of deaths reported to coroners fell by almost 50,000, with referral rates dropping from 34% to 26%. Coroner ordered post-mortem examinations also decreased by around 10,000.

For Muslim and other faith communities, this is particularly significant. While post-mortems remain essential in some cases, avoiding unnecessary invasive procedures reduces distress and helps prevent delays to burial. A system that ensures the right cases reach the coroner—while avoiding inappropriate referrals—is a major step forward.

Timeliness, deadline criteria and the need for consistency

For communities represented by the National Burial Council, timeliness remains one of the most important indicators of whether the system is working. Families experience the process locally, and delays—regardless of where they occur—are felt as one system.

Scrutiny must always be thorough and independent. Some cases will inevitably require additional time due to complexity, concerns about care or potential coroner involvement. However, when families request urgent scrutiny for religious or cultural reasons, every reasonable effort should be made to meet that need.

National reporting shows that most urgent requests are completed within the requested timeframe, but not all. Delays can arise from clinical complexity, coroner involvement, slow access to medical records or the attending practitioner not being available to complete the Medical Certificate of Cause of Death.
This reinforces a key point: timely certification depends on the whole system—attending practitioners, Medical Examiners and Officers, coroners, registrars, mortuaries and other services. Clear escalation pathways are essential when urgent cases begin to stall.

Consistency also remains a challenge. Families should not receive substantially different levels of service depending on where they live. Good practice developed in areas with significant experience of urgent scrutiny for Muslim, Jewish and other communities should be shared nationally. Where areas repeatedly fail to meet urgent scrutiny criteria, there must be a clear process for understanding the causes and supporting improvement.

Giving bereaved families a voice

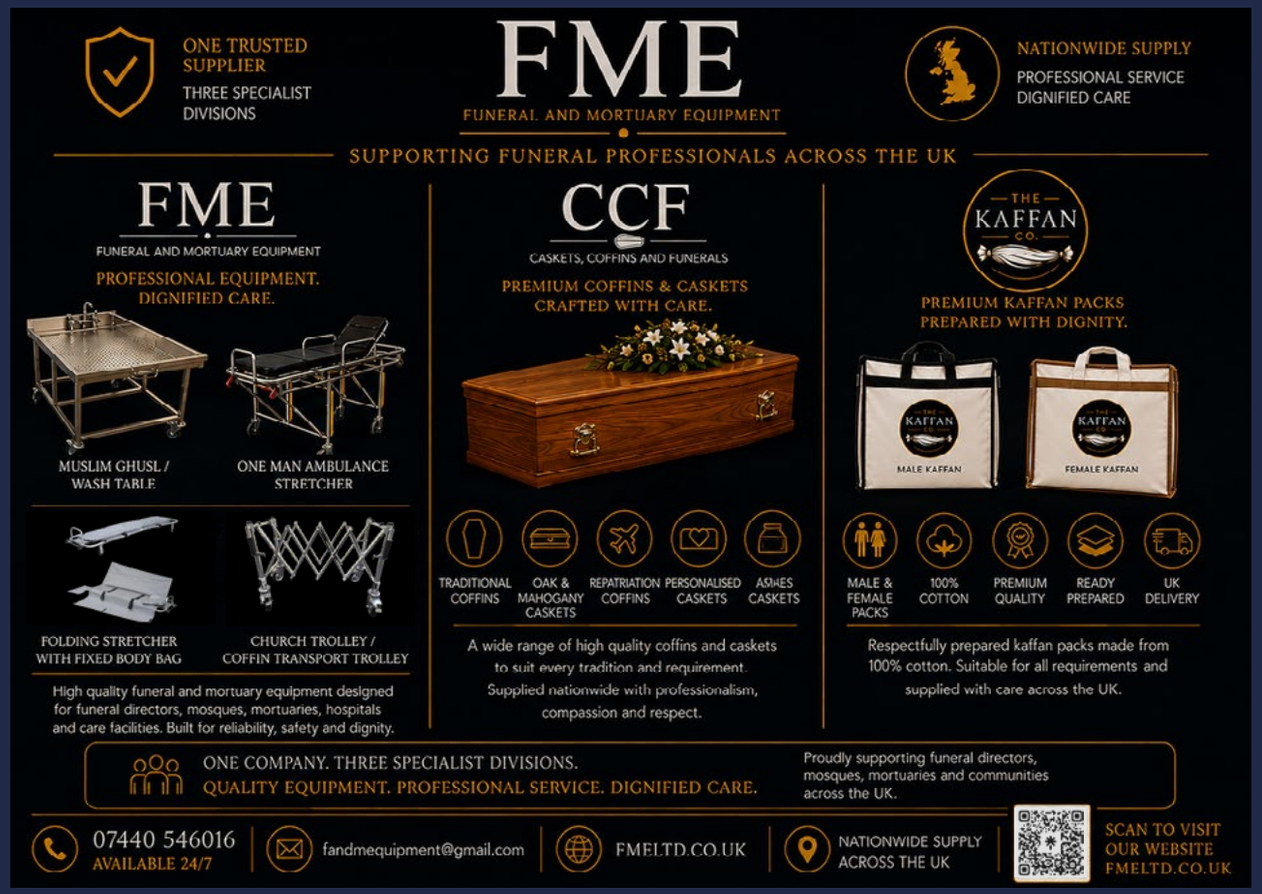
The report emphasises that the Medical Examiner system is becoming an important safeguard within the wider health system. Scrutiny has contributed to safeguarding investigations, improvements in clinical practice and concerns about individual services being escalated for further review. Importantly, Medical Examiners also hear positive

feedback from families, and this praise should reach frontline staff. There is also an important reminder that Medical Examiners do not only identify poor care. Families frequently speak positively about the treatment their loved ones received, and healthcare organisations should ensure that this feedback also reaches frontline staff.

Mohamed Omer NBC Chair says "the goal is clear: robust scrutiny and timely burial are not competing objectives. A well-designed, well-resourced and responsive Medical Examiner service should deliver both and ensure adequate out of hours provision where the local community require it.

Looking ahead

The next phase must focus on consistency, efficiency and responsiveness. Adequate staffing, reliable access to records, weekend cover, clear escalation processes and collaboration across all services involved after death are essential.



Law Commission – public consultation:

Rights and obligations relating to funerary methods, funerals and remains

The Law Commission has launched a public consultation on long overdue reforms to the laws governing funerary methods, funerals and the treatment of human remains. Current legislation is widely recognised as outdated, fragmented and unable to meet modern needs.

Although burial and cremation remain the most familiar options, new funerary methods are emerging internationally and remain unregulated in the UK. Existing burial law is complex and piecemeal, and aspects of cremation law continue to cause practical difficulties. Crucially, the law does not guarantee that a person's own wishes about what happens to their body after death will be followed, often leading to disputes between family members or between families and local authorities. Questions also arise around entitlement to remains and decision making rights.

Given the breadth of issues and the range of stakeholders involved, the Law Commission has divided its work into three strands. It is currently consulting on Project 3: Rights and Obligations Relating to Funerary Methods, Funerals and Remains, which examines whether a person's post death wishes should be legally binding and who should hold rights and responsibilities when instructions are absent or contested.

At present, an individual's stated wishes carry influence but are not legally enforceable. This project will consider whether such wishes should become binding and explore mechanisms for giving them legal effect. It will also review who should have the authority to make decisions about a body and funeral arrangements, how disputes should be resolved, and who is responsible for making arrangements when no suitable plans exist. The legal status of human remains—including those produced by new funerary methods—will also be examined where relevant.

The consultation further highlights inconsistencies in the provision of public health funerals, where local authorities must act when no other arrangements will be made. Current practice varies significantly across the country, creating a patchwork of provision.

The NBC has been actively engaged in this consultation to ensure that faith and cultural considerations are fully reflected in the Commission's work. Work on this strand began in March 2026. A draft Bill, incorporating reforms to burial, cremation and new funerary methods, is expected to be published in mid 2028.

Calls for funeral industry to be regulated

A cross-party group of MPs has intensified pressure on the Government to introduce statutory regulation of the funeral sector, following the conviction of former Hull funeral director Robert Bush.

In a letter to Health Secretary Yvette Cooper, fifty MPs warned that a "regulatory black hole" had enabled serious abuses to occur and cautioned that without urgent intervention, further cases of "severe negligence and abuse" were likely.

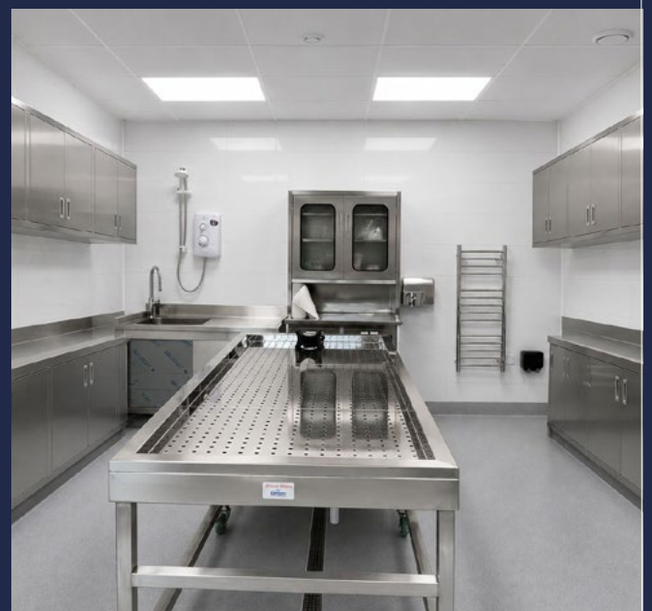
The MPs urged ministers to support amendments to the forthcoming Health Bill that would establish a clear regulatory framework for funeral directors. Their proposals include mandatory registration of all providers, routine inspections of premises and vehicles, and enforcement powers to sanction or remove operators who breach standards.

Rt Hon Mark Sewards MP has tabled a specific amendment calling for formal oversight of funeral service provider premises and practices relating to the storage, preparation and movement of human remains. The amendment proposes a regulatory body with statutory powers to license providers, inspect facilities and enforce compliance—bringing England closer to Scotland's regulated model.

On 1 September, Health Secretary Yvette Cooper updated Parliament on the Government's plans for formal regulation. She confirmed that detailed proposals are being developed to "drive up standards, including proper regulation of the funeral sector," shaped by bereaved families, funeral providers, faith groups, local authorities and sector experts.

The renewed political focus follows several high profile cases—including the Gosport scandal and the Hull case—that have exposed the absence of statutory minimum standards or a legal duty of care after death. MPs argue that reputable funeral directors would welcome robust oversight to protect families and remove rogue operators.

The National Burial Council agrees that momentum for reform is now unmistakable and will continue working with stakeholders to help shape a regulatory regime that safeguards dignity, strengthens accountability and ensures consistent, compassionate care.



Burial and Cremations (Inspections) (Scotland) Regulations 2025

A new era of accountability and professional standards:

The Burial and Cremation (Inspection) (Scotland) Regulations 2025, in force from 1 March 2025, represent a major step toward a fully regulated funeral sector in Scotland.

Building on the Burial and Cremation (Scotland) Act 2016, the Regulations introduce a statutory inspection system designed to protect bereaved families, raise professional standards and ensure consistent, lawful practice across burial authorities, cremation authorities and funeral directors.

Purpose of the Regulations

The Regulations establish a clear, enforceable framework that strengthens public protection through transparent oversight, ensures providers meet minimum statutory standards, embeds codes of practice into law and gives inspectors real powers to monitor, report and enforce compliance. This represents Scotland's shift from voluntary self regulation to a robust statutory model.

Key Components

1. Registration and Transparency:
A national Inspection Register records all relevant bodies, inspection outcomes, enforcement notices and complaints—giving families unprecedented visibility when choosing a provider.

2. Inspection Powers
Inspectors are empowered to carry out proactive, routine and enforceable inspections of burial authorities, cremation authorities and funeral directors. They assess compliance with the 2016 Act, the Inspection Regulations, wider Burial and Cremation Regulations and the Funeral Director Code of Practice.

3. Statutory Codes of Practice:
The Regulations give legal force to the Funeral Director Code of Practice, requiring funeral directors to meet mandatory minimum standards in identification and tracking, record keeping, mortuary care, storage and staff competency.

4. Enforcement Notices:
Where standards fall short, inspectors may issue enforcement notices requiring corrective action.

Asim Iqbal of Glasgow Central Mosque welcomed the Code as a meaningful step that strengthens procedures, record keeping and accountability while supporting timely, faith sensitive burial.

Mohammed Omer, Chair of the National Burial Council, noted that Scotland's model strengthens the case for a regulated English system that protects bereaved families, supports religious needs and raises sector wide standards. NBC continues to work with Government to ensure future regulation is proportionate, effective and reflective of the diverse bereavement sector.

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National Burial Council: Raising standards and preparing for regulation of the sector

The National Burial Council (NBC) is committed to raising standards across the funeral sector and ensuring our members are fully prepared for the forthcoming statutory regulation expected from Government. In recent months, NBC has worked closely with affiliates and community partners to develop a Code of Practice designed to strengthen professionalism, improve accountability, and support members in preparing for new legislation—without compromising the cultural and religious requirements of bereaved families.

The Code of Practice is intended to help members align with best practice and meet the expectations of a modern, transparent sector. It reflects the diverse range of providers operating within the Muslim community and aims to ensure consistent, high quality services delivered with transparency, respect and dignity.

NBC has continued to call for a self-regulatory framework, as we believe we are best placed to understand the diverse nature of bereavement services within the Muslim community—services often underpinned by volunteerism, community support and cost neutral provision.

We await the Government's consultation and the implementation of the proposed registration, regulation and inspection framework. Once detailed proposals are published — whether they move toward self-regulation or statutory regulation — NBC will guide members through the transition to ensure they are supported at every stage.

NBC's proposed self-regulatory framework includes:

- A comprehensive Code of Practice and Ethics
- Mandatory compliance with the Code of Practice, moving beyond voluntary standards
- Higher professional standards, clearly defined and aligned with national expectations
- Inspection of premises, facilities, vehicles and procedures to ensure compliance
- Clear improvement and enforcement powers for addressing concerns
- Robust record keeping and documented processes across all services
- Explicit protection for faith based burial requirements, including urgent burial needs

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Maternity and neonatal disparities

Why they matter to funeral directors and bereavement practitioners

The National Burial Council (NBC) has submitted evidence to the All Party Parliamentary Group (APPG) on Baby Loss, highlighting serious and persistent disparities in maternity and neonatal care.

For funeral directors and bereavement practitioners who support families at some of the most devastating moments of their lives these are not abstract policy concerns. They are lived realities that directly shape families' experiences of loss and bereavement.

NBC's submission draws on national research and testimonies shared across our network. As the evidence states:

> "Our network consistently encounters families who have experienced distressing maternity journeys... including delayed recognition of complications, dismissal of women's symptoms, experiences of racism, and inadequate bereavement pathways."

These experiences reflect what many professionals encounter when supporting families following miscarriage, stillbirth, neonatal death or infant loss.

Understanding the inequalities

Black, Asian and other racially minoritised women and babies continue to experience disproportionately poor maternity and neonatal outcomes. These disparities are influenced not only by clinical factors, but also by wider health inequalities, structural bias, socioeconomic disadvantage, communication barriers and gaps in professional education.

Families frequently describe not being listened to, delays in recognising complications and stereotyping that affects their care. These experiences may become apparent to funeral directors and bereavement practitioners when families arrive traumatised, confused or distressed by the circumstances surrounding their baby's death.

Delays in investigations, unclear communication and a perceived lack of transparency can compound grief and make funeral planning even more difficult.

Faith and culturally sensitive bereavement needs

Families from different faiths, cultures and communities may have particular needs following the death of a baby. These can include prayers and rituals, washing and preparation of the baby, modesty, gender-sensitive care, post-mortem concerns, the handling of remains and preferences regarding burial. Families with no religious affiliation may also have individual values and wishes that must be heard and respected.

For many Muslim families, burial as soon as reasonably possible is an important religious requirement. However, NBC members continue to encounter situations in which healthcare professionals may not fully understand the significance of timely Islamic rites, modesty, gender appropriate care or clear and sensitive communication. As highlighted in the submission:

> "Staff often make assumptions about families and do not seek what is important... with regards to timely faith-based practices."

Funeral directors and bereavement practitioners are frequently required to bridge these gaps supporting families who feel unheard, explaining processes, helping to navigate necessary investigations and advocating for dignity at every stage.

Recommendations that support our sector

NBC's submission calls for reforms that would also support funeral directors and bereavement practitioners, including:

- Mandatory anti-racism, cultural safety and religious literacy training
- More inclusive maternity and midwifery education
- Reliable access to professional interpreter services
- Greater workforce diversity
- Stronger, culturally competent bereavement pathways
- Ring-fenced funding for staffing, facilities and bereavement provision
- Better data collection and analysis by ethnicity and faith

A shared responsibility

Persistent disparities in maternity and neonatal outcomes represent a serious failure to provide equitable care. Funeral directors and bereavement practitioners have a vital role in supporting affected families, protecting dignity and ensuring that individual cultural and religious needs are understood.

NBC remains committed to working with policymakers, healthcare professionals, funeral directors, bereavement services and community organisations to improve practice and help ensure that every baby and every bereaved family is treated with dignity, compassion and equity.

Sands – pregnancy and baby loss charity

Sands is the UK's leading pregnancy and baby loss charity. Since 1978, we have supported anyone affected by pregnancy loss or the death of a baby before, during or shortly after birth, providing compassionate bereavement support for as long as it is needed.

Every day in the UK, around 13 babies die shortly before, during or soon after birth. Sadly, pregnancy and baby loss does not affect all families equally, with Black and South Asian families experiencing significantly higher rates of loss.

Muslim funeral directors and faith leaders may be among the first people families turn to following the death of their baby and can play an important role in supporting them through the immediate practical and faith requirements of the funeral. They can also provide an important link to wider bereavement support.

Sands can support funeral directors in this role. Our free Muslim Care Boxes are available for funeral directors to give directly to bereaved families. Created with the needs of Muslim families in mind, each box includes a cotton shroud, alcohol free oud, prayer beads, a bereavement book for parents by Muslim hospital chaplain Zamir Hussain and comforting keepsakes.

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We provide free *Muslim Care Boxes,* which include faith-specific items including a cotton shroud, Attar, a Tasbih, a book for parents by Muslim hospital chaplain Zamir Hussain, and comforting keepsakes.

Our wider services include a free National Helpline, support groups, an online community and bereavement resources. Interpreters can be arranged for calls to our Helpline, and information and resources are available in several languages including Arabic, Urdu, Bengali and Punjabi.

Our Outreach Coordinator for South Asian Communities, Madhuri Bedi, works with bereaved families, faith leaders, community organisations, healthcare professionals and charities. Through this work, Sands is helping to improve awareness and access to bereavement support, strengthen understanding of the cultural and faith-based needs of bereaved Muslim families, while ensuring their experiences help shape the support we provide.

To request Muslim Care Boxes, find out more about Sands support, please email or call our helpline at:

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To discuss ways in which we can work together, please email madhuri.bedi@sands.org.uk

Together, we can help ensure Muslim families receive compassionate, culturally and faith informed support when their baby dies.

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Faith Based Readiness Initiative

The National Burial Council's Faith Based Readiness Initiative continues to develop as an important contribution to national discussions on resilience, public health preparedness and community engagement.

Created to explore how faith perspectives can inform responses to complex societal challenges—including organ donation, pandemics and mass fatality incidents—the initiative brings together religious scholarship, scientific expertise and public service leadership. Its aim is to develop culturally informed approaches to preparedness that reflect both evidence based practice and the needs of diverse communities.

Led by NBC Core Member Brother Suleman Nagdi, in collaboration with Professor Catherine Mason, HM Senior Coroner for Leicester City and South Leicestershire, the project has always sought to build constructive dialogue between faith leaders, healthcare professionals, academics and policymakers. The goal is to ensure emergency planning and public health strategies are shaped by scientific understanding as well as the values and concerns of faith communities.

Over the past year, discussions between NBC and Professor Mason have focused on how the initiative can achieve the greatest impact. These conversations concluded that its objectives would be best advanced through national engagement rather than a solely local model. As a result, the initiative has evolved beyond its Leicester focused origins and now seeks collaboration across the wider health and social care sector.

NBC is exploring opportunities to work with national partners to consider how faith informed perspectives can support future planning and policy development. At a time of growing recognition of the importance of community engagement in addressing major public health challenges, the initiative offers a platform for deeper understanding, collaboration and culturally informed resilience.

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Organ donation: Faith, ethics and informed choice

During 2026, important work continued across the Muslim community to create informed, balanced and compassionate conversations around organ donation, transplantation and end-of-life care.

In June, the British Islamic Medical Association (BIMA) held its national Muslim Chaplaincy Conference 2026: End of Life Care & Organ Donation in Birmingham. The sold-out conference brought together Muslim chaplains, clinicians, Islamic scholars, researchers, donors, recipients and families for a dedicated day of learning and reflection. Sessions explored palliative care, bedside spiritual support, organ donation fatwas, brain stem death, health inequalities and clinical donation pathways, alongside the lived experiences of patients and families.

A key theme was the increasingly important role of Muslim chaplains in supporting families facing complex and often deeply emotional decisions. Creating spaces where clinical information, Islamic scholarship and pastoral experience can come together helps professionals support families with greater confidence, sensitivity and compassion.

This work continued in September through the Al Balagh Academy Organ Donation and Transplantation Masterclass, a seven-hour intensive programme bringing together scholars, transplant specialists, healthcare professionals and chaplains. The programme examined both living and deceased donation, transplantation, neurological criteria for death, bodily dignity, differing Islamic rulings and the ethical questions surrounding contemporary donation systems. It also explored practical approaches to pastoral care, family counselling and community awareness.

Importantly, these programmes did not seek to provide simplistic answers to a complex subject. Instead, they recognised legitimate scholarly differences and the concerns held by many Muslim families, while ensuring communities have access to accurate medical information and trusted Islamic perspectives.

For organisations supporting people through death, bereavement and funeral care, this multidisciplinary approach remains vital. Meaningful engagement begins with trust, respectful conversation and ensuring families are properly informed before they are faced with decisions at some of the most difficult moments of their lives.

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As the paramedics quickly respond to a traffic accident in a sea of flashing blue lights, the lifesaving work of blood donors has already been done: they are there even though they may be miles away.

Helicopter Emergency Medical Service (HEMS) carry supplies of blood so that they can provide emergency transfusions when needed.

In emergency situations, like those faced by HEMS and the London Ambulance Service, both of which collaborated on the advert, O negative blood can be used. O negative can be given to anyone whose blood type is not known, which is why it is known as the 'universal type'.

Demand for O negative is always high, but thanks to the generosity and commitment of donors, the amber alert for both O negative and O positive blood types has been stood down in England.

There is, however, still a need for 200,000 more people to sign up as blood donors, including those with the rare B negative blood type and Ro subtype, which is most common in people of Black heritage.

O negative is often used as a substitute for B negative and Ro blood when stocks are low, which can add to the demand.

By being a donor, you'll be there when you're needed. Share this article with your family and friends today and help to make sure someone else can be there too.

When the mind fades

Testamentary capacity, dementia, and the rising tide of probate disputes

Professor Dr Faizal Ahmad Manjoo
Director, Minarah Legal Solutions

Recent statistics paint a sobering picture of the state of succession law in England and Wales:

- In 2025, 1,217 disputed probate cases were filed at the High Court — the highest annual total on record.
- Probate caveats exceeded 11,300 for the second consecutive year in 2025, a rise of 55% since 2019.
- Inheritance tax receipts reached £8.5 billion in 2025/26, marking a fifth consecutive annual record.
- An estimated 10,000 people in England and Wales contest a will every year.
- In 2024, 51,140 estates were administered in the absence of a valid will — a five-year high, up 17% year-on-year.
- Claims under the Inheritance (Provision for Family and Dependants) Act 1975 rose by 61%, from 76 in 2020/21 to 122 in 2024/25.
- 982,000 people in the UK currently live with dementia, a figure projected to exceed 1.4 million by 2040.
- 68% of estate professionals identify blended families as the single greatest source of inheritance conflict.

(Source: DNA Legal, Inheritance Dispute Statistics — www.dnalegal.com/inheritance-dispute-statistics)

Read together, these figures describe a system already under strain. Disputed probate filings and caveats are at record highs, litigation under the 1975 Act is accelerating, and inheritance tax receipts continue to climb, all while the population most vulnerable to capacity challenges, those living with dementia, is projected to grow by more than 40% within fifteen years.

Why this matters: The mental capacity problem

A will made by a testator lacking the requisite mental capacity is liable to be set aside, regardless of how carefully drafted it may appear. As the document notes, “a will made by a testator who lacked the requisite mental capacity at the time of execution is liable to be set aside at the probate stage.” Every challenge—successful or merely arguable—adds delay, cost, and emotional strain. Estates remain in limbo, beneficiaries wait longer for distributions, and legal fees erode the value of inheritances.

If dementia diagnoses rise to 1.4 million without changes in practice, the volume of contested probate matters will almost certainly increase. Retrospective assessments of capacity are notoriously difficult, often relying on fragmented medical records, recollections of witnesses, and expert opinions formed years after the event. The system is already congested; without reform, it risks becoming overwhelmed.

Cognitive screening as a safeguard

Routine cognitive screening at the point of execution offers a practical safeguard. A contemporaneous testamentary capacity assessment—medical, legal, or combined—provides structured evidence that the testator understood:

- the nature and effect of making a will;
- the extent of their estate;
- the moral claims of potential beneficiaries; and
- whether any disorder of the mind influenced their decisions.

These criteria, established in Banks v Goodfellow (1870), remain the cornerstone of testamentary capacity. When properly documented, such assessments significantly reduce the likelihood of later challenge and strengthen the evidential foundation of the will.

The Medico-legal tension

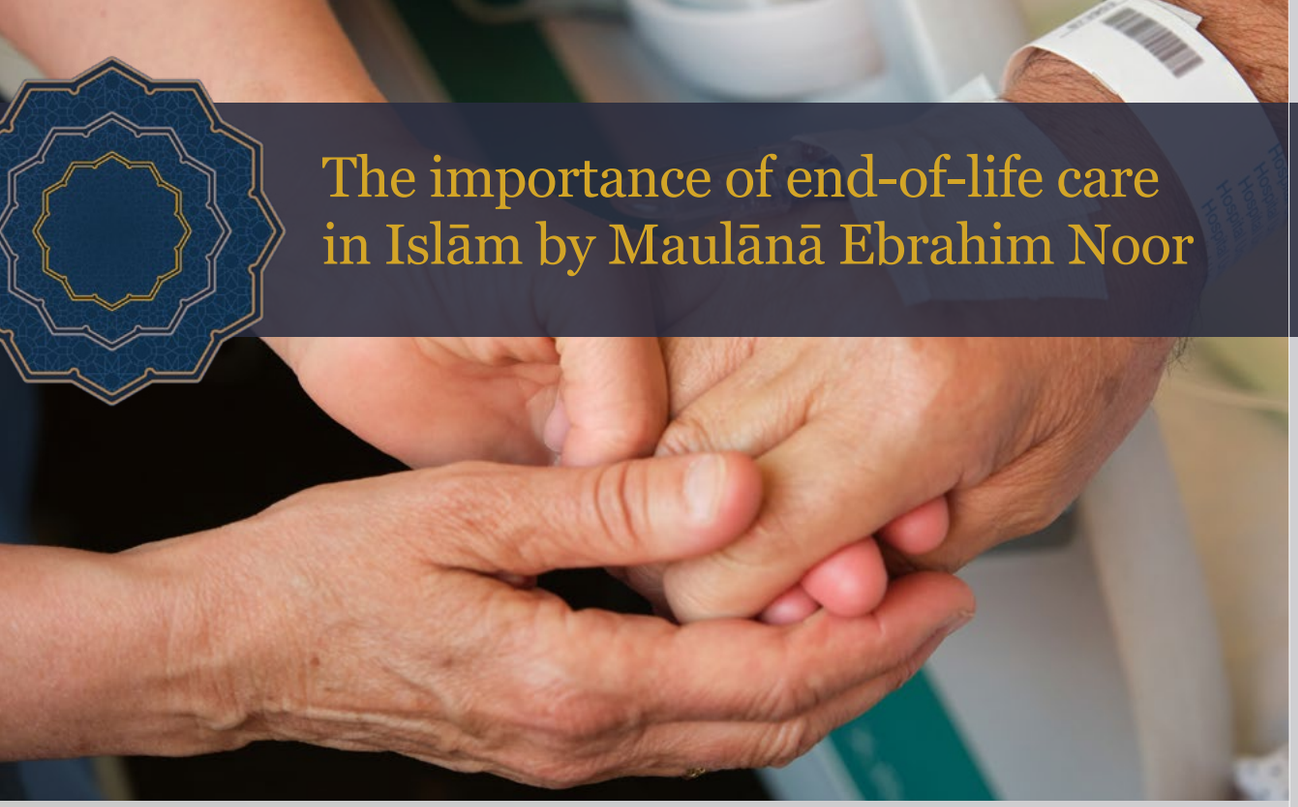
Yet implementing this safeguard exposes a persistent tension between law and medicine. Lawyers cannot certify mental capacity, and clinicians are often reluctant to provide definitive opinions on a legal threshold. As the document states, “capacity is not a diagnosis; it is a legal conclusion informed by clinical evidence.” Clinicians fear liability if their assessment is later scrutinised in court, and few feel adequately protected or trained to make such determinations.

This creates a protection gap: neither profession is fully equipped or incentivised to take responsibility for a decision that sits squarely at their intersection. Without clearer protocols and professional safeguards, the system will continue to rely on ad hoc arrangements that leave vulnerable testators exposed.

A call to action

As responsible citizens, practitioners, and policymakers, we must consider how best to support clinicians in discharging this hybrid responsibility, so that wills executed by vulnerable testators stand a fairer chance of being upheld at the probate stage. This may include developing standardised, legally-informed capacity assessment protocols for use by treating clinicians; ensuring appropriate indemnity or professional protection for medical practitioners who provide testamentary capacity opinions; and encouraging closer collaboration between the legal and medical professions at the point a will is instructed and executed, rather than years later when capacity is contested retrospectively and evidence is far harder to reconstruct.

The statistics above are not abstract. Behind each contested probate case, each caveat, and each Inheritance Act claim is a family in conflict and an estate in limbo. As the number of people living with dementia continues to rise, the case for embedding cognitive screening into standard will-making practice — and for properly supporting the clinicians asked to undertake it — becomes not merely prudent, but necessary.



The importance of end-of-life care in Islām by Maulānā Ebrahim Noor

Rasūlullāh SAW provided guidance for his Ummah, through all aspects of life. Upon the birth of a newborn child, the first words which they should hear are the words of the Adhān, the Call to Prayer, starting with Allāhu Akbar – Allāh is the Greatest.

Rasūlullāh SAW also advised us, that when a person is passing away, we should recite the Kalimah to them, which is Lā ilāha Illallāh – There is no God but Allāh, so they are also prompted to say the words if they can. The first word a person listens to when they are born is Allāh, the final word they hear is also Allāh and the final word they utter, will also be Allāh! A reminder, that our birth and death are decreed by the Almighty, and our life in between should be spent in fulfilling His obligations.

As well as carrying out the obligatory acts of worship, such as Ṣalāh (prayer), Ṣaum (fasting), Zakāh (alms giving), and Ḥajj (pilgrimage), Islām places great emphasis on fulfilling the rights of others. This includes fulfilling the rights of those who are approaching the end of their lives and ensuring their final moments in this world are in accordance with Islām.

There are many aspects that need to be considered when the family of an ill person is informed that their loved one does not have much time left in this worldly abode. Every person will be going through their own emotional challenges as they deal with the imminent loss; however, preparation for the person's journey into the afterlife also needs to be considered, both from an Islamic and legal perspective.

For those who have already been through these trying times, they will be familiar with the points listed below. For those who are yet to experience this, I hope these points highlight what to expect during such a difficult period. I am drawing from the personal experiences of our own family earlier this year, when we lost both my uncle and father on the 1st and 2nd of January 2026. We had to cope with end-of-life care for both male elders in our family — one at home and the other in hospital. The family came together and, Alḥamdulillāh, did the best we could. May Allāh SWT forgive their sins and elevate their status in the Hereafter.

"There are many aspects that need to be considered when the family of an ill person is informed that their loved one does not have much time left in this worldly abode. Every person will be going through their own emotional challenges as they deal with the imminent loss; however, preparation for the person's journey into the afterlife also needs to be considered, both from an Islamic and legal perspective."

As mentioned earlier, here are some of the points we had to address:

- **Creating a Plan of Care:** Organising a rota to ensure members of the family are present to assist with feeding, clothing, cleaning, and ablution (if they can still pray). Also keeping them company and addressing any other needs they may have.
- **Informing relatives and friends:** The family should inform all those close to the ill person of their condition so they can come and visit. Many times, these short visits lift the spirits of the ill person, especially if it is an old friend or relative.
- **Managing visitors:** We are encouraged in Islām to visit those who are sick. This can become challenging when the ill person is in hospital, where visitors and visiting times are limited.
- **Islamic Education**: Learning what to do from an Islamic perspective when the final moments arrive. This includes understanding the Islamic perspective on DNAR and stopping medication, if applicable.
- **Environment:** Creating a calm, peaceful, Islamic environment where the ill person can listen to Qur'ān and feel at ease. Ensuring they are comfortable at all times.
- **Legal Power of Attorney:** If there is enough time, obtaining an LPA for both health and finance for the ill person, if this has not already been done.
- **Will:** Identifying whether the ill person has a will, and if they do not, ensuring that—if they are of sound mind—an Islamic will is prepared as soon as possible.
- **Contacts:** Having the details of people or organisations who can help with the funeral and assist in the legal process, such as local burial committees.
- **Communication:** If the ill person is at home, ensuring their GP is aware of their condition so that when the time comes to complete the MCCD (Medical Certificate of Cause of Death), there are no delays.

To summarise, the family needs their own personal closure when their loved one passes away. Providing care for them, looking after them in their final days, and conducting their funeral according to Islamic rites gives reassurance and the feeling that they tried their best, with the hope that their loved one will have been pleased with them.

In Islām, we believe everything is ordained by Allāh SWT. He has control over life and death. Even the pain the ill person experiences is a means for their sins to be forgiven and their status elevated. This gives us further reassurance that when the time comes for them to meet Allāh SWT they will be successful.

We pray that Allāh SWT allows us to fulfil the rights of others to the best of our ability, that our loved ones are pleased with us, and that He takes us all away with Īmān.

Āmīn.

Embracing death with dignity, care, and faith

Two recent experiences by Sheikh Yunus Dudhwala

In a society that often distances itself from conversations about end of life, Dying Matters Awareness Week encourages not only open dialogue but deeper reflection on how we understand, prepare for and support one another through death and dying.

Two recent experiences brought this into sharp focus for me. The first was a panel at King's College London discussing Assisted Dying. The debate is frequently framed around dignity, autonomy and choice—a compassionate response to suffering. Yet this framing risks overlooking something essential: the dignity found not in hastening death, but in accompanying it with care, presence and compassion.

The second experience was profoundly personal. A close aunt spent her final days at home, unconscious and on palliative care. For over a week, family gathered—children, grandchildren, relatives—ensuring she was never alone. Carers attended daily. Prayers were recited. The atmosphere was not despair, but calmness, love and presence.

What I witnessed was dignity in its truest form. Not independence or control, but being honoured, held and surrounded until the very end. There were difficult moments.

Decisions around nutrition and hydration were emotionally challenging. With clinical guidance, the family came to accept that such interventions could cause harm at this stage. Acceptance came gradually, and with it, peace.

These experiences highlight a key tension: Assisted Dying presented as dignity, versus the often under-recognised power of palliative care and holistic, compassionate support.

Have we invested enough in enabling good deaths?

From a faith perspective, death is not an end but a transition—a meeting with Allah. The Prophet (peace be upon him) taught us not to wish for death, but to meet it with readiness and trust. To embrace death is not to seek it, but to accept it when it comes—with dignity, care and faith. My aunt's passing reminded me that even in unconsciousness, one can be surrounded by love. Even in death, there can be beauty.

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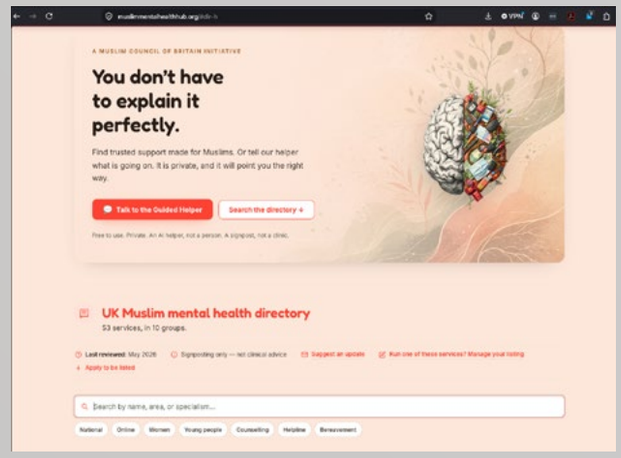
A good funeral director pays as much attention to the living relatives as they do to the deceased. You see the family struggling, sometimes through immense trauma. A widow who hasn't slept. A father who cannot bring himself to say the words out loud. Children too young to understand why the house has gone quiet. Who do you refer them to? Where are the faith-sensitive specialists? Too often, the honest answer has been: nowhere. A leaflet. A helpline number that doesn't understand janazah, doesn't understand qadr, doesn't understand why a Muslim mourner might feel guilty for grieving "too much" or not enough.

This is precisely the gap the Muslim Council of Britain's Mental Health Hub was built to close. For the first time, funeral directors, imams, and community elders have a free, single, trusted point of reference - one that signposts quickly and confidently to bereavement counselling, depression support, and crisis services that are genuinely faith-literate. No more guessing. The Hub curates and vets services so that when you make a referral, you are not gambling with a family's wellbeing at their most fragile moment - you are handing them to someone who speaks their language, literally and spiritually.

This matters because death does not end with the burial. It lives on in the weeks and months that follow, in kitchens that go quiet, in children who stop asking questions, in men who are told to "be strong" until strength becomes silence, and silence becomes crisis. You, as funeral directors, are often the first witnesses to that unfolding grief. The Mental Health Hub exists so that you are never the last line of support. Introducing a simple, faith-sensitive signpost can be the beginning of someone's healing, not the moment they were left to cope alone.

https://muslimmentalhealthhub.org



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Safeguarding burial wishes

Emerging legal challenges facing our communities

For more than thirty years, I have practised as a Family Solicitor. Yet in the last three months alone, I have been called upon to intervene in five urgent cases where a Muslim—either born into the faith or a revert—passed away and their family intended to cremate them. These cases are deeply distressing, and they highlight a growing challenge: many in our community still assume that it is impossible to oppose the wishes of the birth family, or they simply do not know that legal remedies exist.

The first hurdle: Acting fast and identifying who can instruct

Once contacted, time becomes critical. I must quickly establish who has the legal standing to instruct me. Often, the person reaching out—a friend, spouse, or community member—is anxious about the potential costs and risks of litigation. In several cases, organisations such as GMWA and PMBS have stepped forward to take responsibility, allowing urgent action to proceed without delay.

Engaging the coroner: A crucial early step

The coroner's involvement is often the turning point. The coroner has the authority to place a temporary hold on the release of the body, buying vital time. However, this requires clear evidence: proof of the deceased's faith, their burial wishes, and the legitimacy of the person instructing us. In my experience, coroners are generally more receptive and easier to work with than family members who may be emotionally distressed or firmly committed to cremation.

The human challenge: Sensitive dialogue with families

This is where community structures matter. Organisations like the National Burial Council (NBC) play a vital role by appointing calm, culturally competent individuals to speak with families. Respecting the family's beliefs is essential, and compromise is often possible—provided cremation is avoided.

One Gloucester case illustrates this well. After my initial legal letter, an NBC representative engaged the deceased's son and secured an agreement: Ghusl, shrouding, and janaza, followed by burial in a non Muslim cemetery. In Preston, a revert from a Hindu background presented a more complex situation. Yet once the legal risks were clearly outlined, a community mediator helped reach a compromise—allowing the Hindu ceremony to proceed, followed by release of the body for Islamic burial.

When dialogue fails: Litigation as the last resort

The most difficult case required immediate court action. The next of kin refused to respond, and we had no address for them. Despite knowing the deceased's wishes, they insisted on cremation. With the coroner having already released the body and a cremation booked, I had no choice but to apply to court. A judge granted the order, and the brother was buried in Manchester, as he had wished.

Evidence gathering: Speed and coordination

In every case, evidence is everything. We must quickly gather statements proving either that the deceased was born Muslim or had reverted and practised their faith. To streamline this, we have created WhatsApp evidence coordination groups, which have proven invaluable in urgent situations.

Prevention: The most important lesson

The greatest challenge—and the greatest opportunity—is prevention. It is painful for grieving families to navigate lawyers, coroners, and courts. Clear, written burial wishes spare them this trauma. Courts place significant weight on documented wishes, even when they conflict with the legal next of kin.

This is why community education is essential. Talks at mosques, revert groups, and community centres must emphasise the importance of formally recording burial wishes. To support this, the NBC and I have developed a dedicated Burial Wishes Form, available on the NBC website, accompanied by comprehensive guidance.

Key challenges highlighted:

- Increasing number of cases involving Muslims at risk of cremation.
- Urgency of action and difficulty identifying who can legally instruct.
- Financial anxiety among families or friends, requiring community organisations to step in.
- Need for coroner engagement and rapid evidence gathering.
- Complex and sensitive negotiations with families from other faiths backgrounds or estranged families.
- Litigation risks when families refuse dialogue or when cremation is already scheduled.
- Lack of pre-recorded burial wishes, leaving loved ones vulnerable and distressed.

I have supported NBC to develop a dedicated Burial Wishes Declaration Form, available on the NBC website, accompanied by comprehensive Guidance to help individuals clearly record their wishes for burial and funeral Arrangements. This should help to avoid confusion or disputes at a difficult time

The declaration can be included within a will or used on its own where no will exists.

A copy of the Declaration can be downloaded from the NBC website at
https://nbc.org.uk/statutory-regulation/
Contact the NBC team for guidance or assistance

Ayeisha Khandia, Senior Solicitor, Head of Family Department, Fountain Solicitors

New report warns: Community trust is central to Ebola response in the DRC

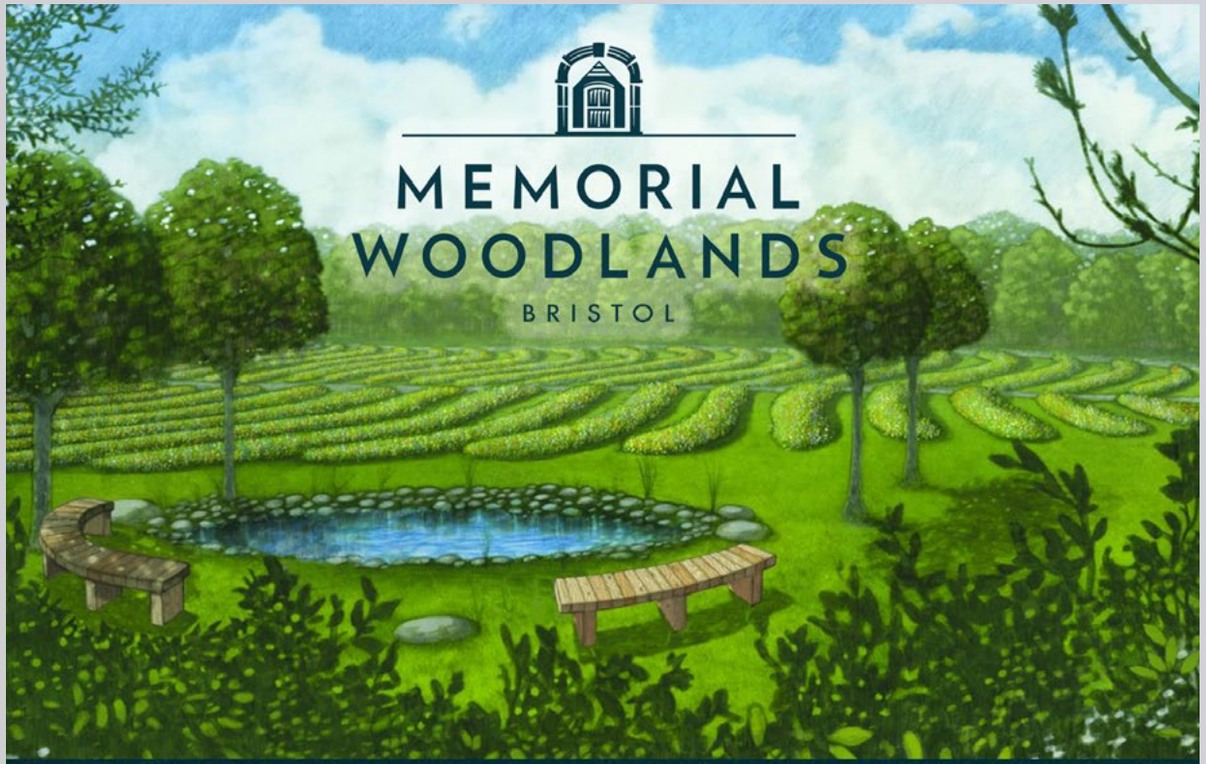
A report titled Re-building community trust when fear burns Ebola hospitals in DRC: Lessons from previous lethal epidemic outbreaks jointly authored by some of the world experts in infectious controls highlights why community trust is central to Ebola Response in the DRC.

A new analysis of the 2026 Bundibugyo ebolavirus outbreak in the Democratic Republic of the Congo (DRC) highlights how fear, grief, and longstanding mistrust fuelled community resistance and even attacks on health facilities. The report notes that “outbreaks of new and known highly lethal infectious diseases have evoked fear, suspicion, anger, and social disruption in communities” — a pattern clearly visible during the latest Ebola emergency.

With families unable to visit sick relatives or participate in traditional burial rituals, distress escalated into hostility. Some treatment centres were set on fire, reflecting what the report describes as “longstanding and unresolved deficits of trust between communities, health systems, and policy makers.”

The analysis identifies several key issues: emotionally harsh isolation measures, culturally disruptive burial restrictions, weak communication, and limited community involvement. It argues that biomedical tools alone cannot secure cooperation.

The report concludes that future preparedness must place community trust at the centre of epidemic response. Humanised isolation, safe and dignified burials, survivor engagement, and protection of frontline workers are essential. Social preparedness — not just vaccines and laboratories — is critical to preventing unrest and ensuring effective, humane outbreak control.



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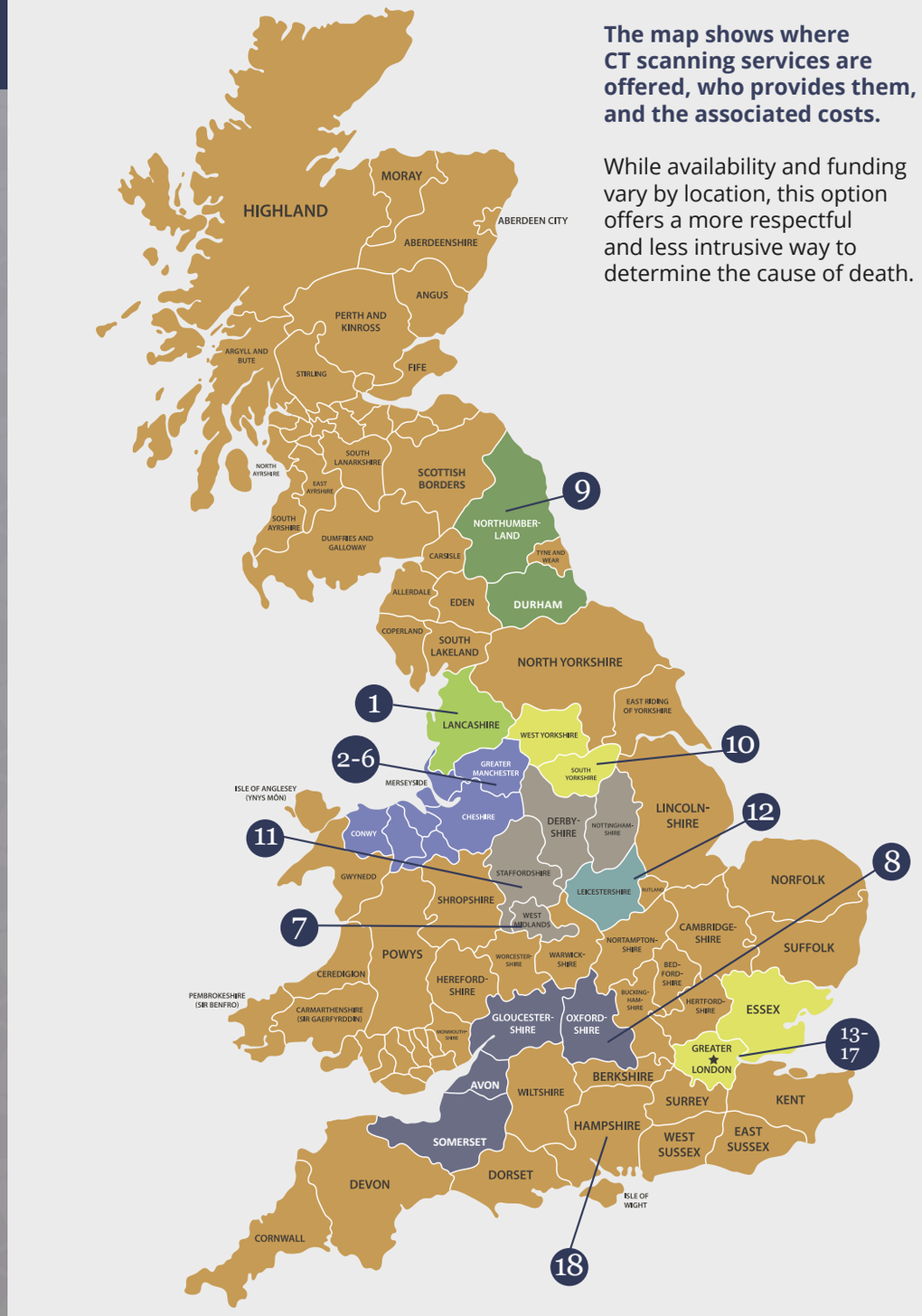
CT post-mortem scanning provision in England and Wales

1	Preston, Blackburn with Darwen, East Lancashire, West Lancashire, Chorley, Lancaster, and Wyre use the facility in Preston operated by *Digital Autopsy UK*. **Charge – FREE of charge for all residents and cases dealt with by the coroner. Private cases charged at £600 + VAT per case.**
2	Bolton, Salford and Wigan use the facility at Bolton operated by *Digital Autopsy UK.* **Charge – FREE of charge for all residents and cases dealt with by the coroner. Private cases charged at £600 + VAT per case.**
3	Manchester North including, Oldham, Rochdale, Bury use Rochdale Facility, Sandy Lane, operated by *Annubix*. **Charge – £585. Same Day Reporting £735.**
4	Manchester City use the facility at Bolton normal hours operated by *Digital Autopsy UK.* **Charge – FREE of charge for all residents and cases dealt with by the coroner. Private cases charged at £600 + VAT per case.** Out of Hours use Salford operated by *RMS Imaging*.
5	Manchester South including, Old Trafford, Stockport, Ashton Under Lyne, Tameside use scanner at Ashton Hospital, operated by *Anubix*. **Charge £585. Same Day reporting £735.** Out of Hours use Salford operated by *RMS Imaging*. **Charge – £650.**
6	All Greater Manchester, Cheshire, North Wales, Merseyside and many other coroners Jurisdiction use Salford Facility operated by *RMS Imaging* which is offered Out of Hours. **Charge – £650.**
7	Sandwell, Dudley, Walsall, Wolverhampton and Birmingham use the facility in Sandwell operated by *Digital Autopsy UK*. **Cost – FREE of charge for Sandwell and Birmingham Residents and cases dealt with by the coroner. Private cases charged at £600 + VAT per case.**
8	Somerset, Avon, Gloucestershire, Oxfordshire all use facility in Oxford operated by *John Radcliffe Hospital*. The hospital also caters for other towns and cities across the UK. **Charges – £550.**
9	Sunderland, Newcastle, upon Tyne, North Tyneside, Gateshead, & South Tyneside, Northumberland, Durham use CT Scanner at *Royal Victoria Infirmary* managed by the *Hospital Trust*. **Charges – FREE**
10	Sheffield, Rotherham, Doncaster, Barnsley, and Chesterfield use the facility in Sheffield operated by *Digital Autopsy UK.* **Charge – FREE of charge for all residents and cases dealt with by the coroner. Private cases charged at £600 + VAT per case.**
11	Staffordshire, Burton, Nottinghamshire, and Derby use the facility in Stoke operated by *Digital Autopsy UK.* **Charge – FREE of charge for all residents and cases dealt with by the coroner. Private cases charged at £600 + VAT per case.**
12	Scans in Leicestershire are provided by the *University Hospital of Leicester*. They offer scans for both paediatric and adult cases. **Charges – FREE for Leicestershire Residents.**
13	Scans for North and West London are provided at the Hive, Edgware operated by *Anubix*. They offer Adult and Paediatric Scans. **Charge – £585. Same Day reporting £735.**
14	Scans for East London and Essex are provided at Romford & Gidea Park RF operated by *Anubix*. They offer Adult and Paediatric Scans. **Charge – £585. Same Day reporting £735.**
15	East London Forensic Centre, Queens Road, London, E17 8QP, provided by *Anubix*. **Charge – £585. Same Day reporting £735.**
16	South London Scan provided at Trinity Imaging (Sutton) and Queen Square Imaging Central London – Operated by *Anubix* **Charge – £585. Same Day reporting £735.**
17	East London and other London Coroners use the facility at *Waltham Forrest Forensic Centre.* **Forensic Centre charges a fee of £1050.**
18	Southampton, Winchester, Basingstoke, and Portsmouth use the facility in Totton operated by *Digital Autopsy UK.* Unit C, D And E, Phoenix Centre, Eddystone Road, Totton, Southampton, SO40 3SA. **Charge – FREE of charge for all residents and cases dealt with by the coroner. Private cases £600 + VAT per case.**

The cost for non-invasive post-mortem imaging are paid by the local authority where free provision is established by the coroner. Otherwise the cost is paid for by the family.

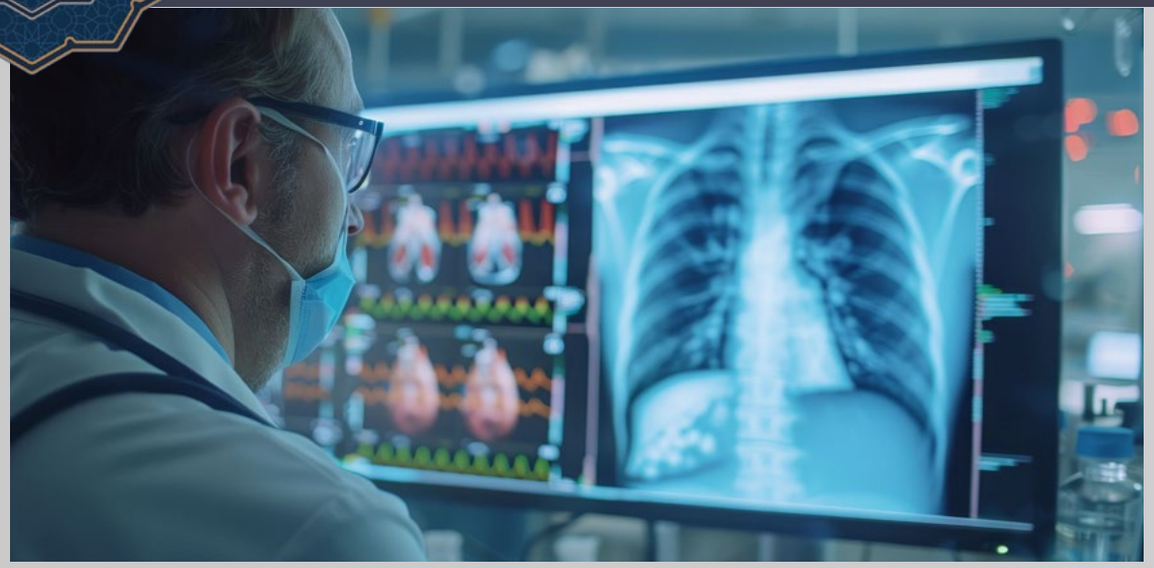
Please check in your respective jurisdiction.



The map shows where CT scanning services are offered, who provides them, and the associated costs.

While availability and funding vary by location, this option offers a more respectful and less intrusive way to determine the cause of death.

Non-invasive post-mortem technology at Manchester West Coroner's Court and Service



In recent years, the field of forensic pathology has undergone a quiet but significant transformation. One of the most impactful developments is the adoption of non-invasive post-mortem examinations — a method that replaces or reduces the need for traditional invasive autopsies.

At Manchester West Coroner's Court, this innovation has been embraced through the use of advanced digital imaging technology, specifically post-mortem CT scanning. Indeed, we have offering non-invasive PM Scans in Greater Manchester since 2007.

This new approach, developed in partnership with Digital Autopsy UK, allows coroners and pathologists to determine causes of death with remarkable precision, without the need for invasive dissection. It represents a shift towards greater dignity for the deceased, improved efficiency for investigations, and enhanced comfort for bereaved families.

The Technology Behind the Process PMCT uses a high resolution CT scanner optimised for post-mortem imaging, producing detailed cross sectional images that can be reconstructed into 3D models. Specialised software allows radiologists to "virtually dissect" the body, examining organs, tissues and skeletal structures in fine detail.

Secure digital storage preserves all imaging data for legal and investigative purposes, while remote reporting enables GMC-registered radiologists to analyse scans from anywhere in the UK.

How the non-invasive post-mortem works

The process is methodical, precise, and respectful:

- Transportation of the deceased to the facility
- Preparation for scanning – no incisions or invasive procedures
- CT imaging of the body
- 3D reconstruction of internal structures
- Radiological analysis to identify the cause of death
- Pathology review to determine whether any further examination is required
- Formal reporting to the Coroner

Advantages Over Traditional Autopsy

The adoption of non-invasive post-mortem technology offers multiple benefits:

- Preservation of dignity
- Cultural and religious sensitivity, especially for Muslim and Jewish communities
- Rapid results, often within hours
- Permanent digital record of findings
- Detection of subtle abnormalities such as fractures, internal bleeding or gas patterns

Limitations and Complementary Use

PMCT cannot replace all autopsies. Some conditions—microscopic changes, infections or toxicology—may still require tissue sampling. Manchester West therefore uses a hybrid model: PMCT first, followed by targeted minimal intervention only if necessary.

Impact on the Coroner's Service

The introduction of this technology has streamlined the investigative process:

- Reduced backlog of PM's
- Improved accuracy
- Reputational enhancement

Feedback from bereaved families and faith groups highlights the relief and reassurance provided by a minimally invasive approach and preserving the dignity and respect of the deceased.

Christopher Walker
Coroner Service Manager
Manchester West

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Water safety: Small steps that could save a life

The summer of 2026 has once again brought the devastating consequences of drowning into sharp focus.

As temperatures have risen, families and young people have naturally headed to beaches, rivers, lakes and reservoirs to cool down. Tragically, for a number of families, an ordinary summer day has ended in unimaginable loss.

During the May heatwave alone, at least 15 people were reported to have drowned after getting into difficulty in open water. By late July, reports indicated that at least 29 accidental drownings had occurred in open water since mid-May, with further deaths occurring since then bringing the total No to 40.

These are not isolated incidents. National Water Safety Forum figures show that 202 people died accidentally in water-related incidents across the UK in 2025, with 57% of those deaths occurring at inland locations such as rivers, lakes, reservoirs and canals. August was the deadliest month.

Open water can appear calm while concealing strong currents, sudden drops, underwater obstacles and extremely cold temperatures. Cold-water shock can affect even confident swimmers, causing gasping, panic and a rapid loss of swimming ability.

Simple precautions can save lives:

- choose lifeguarded beaches and recognised swimming areas,
- supervise children closely,
- never enter unfamiliar water impulsively,
- avoid swimming alone and pay attention to safety signs,
- tides and weather conditions.
- If someone gets into difficulty, call 999 and ask for the Coastguard at the coast, or the Fire and Rescue Service inland.
- Avoid entering the water yourself unless trained to do so;
- throw a flotation aid if one is available.

Preserving life is a responsibility shared by all of us. As families and communities, particularly during warm weather and school holidays, we must speak openly to our children and young people about the dangers of open water. A few minutes spent discussing water safety before an outing could prevent a lifetime of grief.

Enjoy the water....but respect it. No photograph, dare or moment of excitement is worth a life.

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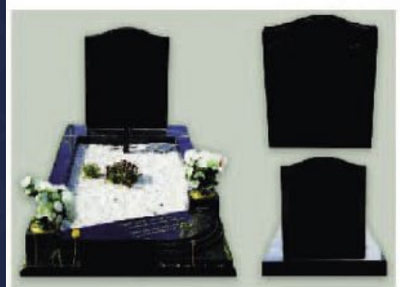

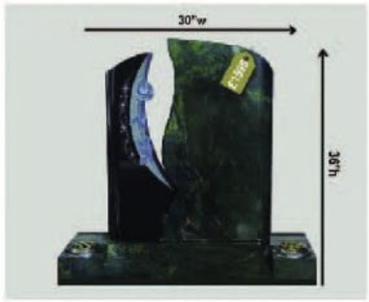

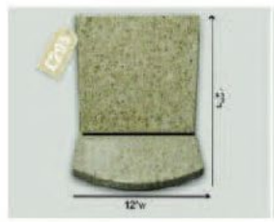

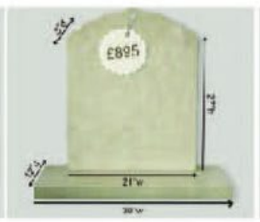

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Day in the life of an Assistant Coroner

I qualified as a solicitor in 2001 and have served as Assistant Coroner for Northamptonshire since 2014. It is one of the most fascinating and rewarding roles of my career.

Northamptonshire is a busy and diverse county. My jurisdiction covers sections of the M1 motorway, major rail routes, prisons, mental health and acute hospitals and around 250 care homes. The sheer variety of settings means that every case brings its own circumstances and challenges.

When I am on duty, the day often begins with urgent decisions following an unexpected death. Sometimes that involves speaking to police officers at the scene of an incident. More often, I review information gathered by Coroners' Officers and decide what further enquiries are needed. Throughout the day, I read reports, consider medical evidence, review witness statements and give directions to help investigations progress.

A significant part of the role involves preparing cases for inquest hearings. The hearings themselves are often the most visible part of the job. Families come to court during one of the most difficult periods of their lives, seeking answers about how a loved one died. Being able to provide clarity and understanding can be immensely important and, in many cases, profoundly healing.

Another incredibly fulfilling aspect of the role is knowing that investigations can lead to positive change. Concerns identified during an inquest can result in action being taken to reduce the risk of similar deaths in the future. I was recently involved in a case concerning a young man whose car aquaplaned due to standing water on a road. Evidence revealed further similar incidents on the same stretch of road, leading to a review of the drainage system. Seeing practical improvements emerge from tragic circumstances is a reminder of the wider public value of the work.

After more than a decade as Assistant Coroner, I still regard the role as an enormous privilege. It combines careful investigation, public service and human compassion, and I continue to find great purpose in helping families find answers when they need them most.

Hassan Shah

Strengthen your connections – join our WhatsApp group

If you or your organisation are involved in the funeral and bereavement sector, we warmly invite you to join the National Burial Council (NBC) WhatsApp Group – a space dedicated to fostering collaboration, sharing resources, and supporting one another in this vital field.

Why join the WhatsApp group?

Networking opportunities
Connect with professionals across the sector, exchange insights, and collaborate on meaningful initiatives.

Resource sharing
Access articles, tools, and best practices that enhance bereavement support and service delivery.

Community support
Engage in thoughtful discussions, seek advice, and find solidarity among peers who understand the unique challenges of our work.

How to join our WhatsApp group

Make a request to join by scanning the following QR Code:

Once your request is received and verified; we'll promptly share the link to join the group.

At NBC, we believe in the power of unity and compassion. Together, we can make a lasting difference in the lives of those navigating grief and loss. Jazakumullahu khayran for your interest in connecting with NBC. We look forward to welcoming you and your organisation into this growing network.

Become an affiliate member

The NBC aims to promote professional funeral standards, provide our Muslim Funeral Directors with leadership, and negotiate with key national and local government departments and stakeholders on behalf of members and affiliates.

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www.nbc.org.uk/affiliation

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NBC is leading a national effort to improve the way bereavement, funeral care, and post death support are delivered across the UK. Our work ensures that families receive timely, professional, and compassionate care — grounded in dignity, respect, and the values our faith teaches us.

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