



Comune di Padova
SETTORE SERVIZI DEMOGRAFICI, CIMITERIALI E QUARTIERI

WITH ME, AFTER ME

Vademecum for the death event



Over the years, being in charge of cemetery services has brought me into contact with many people, different sensitivities and various different ways of approaching the subject of illness and death. If there is one element that all these experiences have in common, it is that there is a moment of transition in which the emotional fatigue of accompanying and leaving a person is compounded by the need to provide guidance in fulfilling his or their wishes.

This publication stems precisely from the desire to provide all the information needed to make intimate and sometimes complex decisions, in the conviction that only by getting to know each person, can choices be made and supported in an informed manner. I hope it will be a useful document so that our community feels supported in these difficult passages of life.

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1. INFORMED CONSENT and PRIOR PROVISIONS FOR PROCESSING (DAT)

On 31 January 2018, Law No. 219 of 22 December 2017, containing “Rules on informed consent and advance treatment provisions”, came into force.

This law protects the right to life, health, dignity and self-determination of the individual and states that no health treatment may be commenced or continued without the free and informed consent of the person concerned, except in cases expressly provided for by law, in compliance with the principles of the Constitution (Articles 2, 13 and 32) and the Charter of Fundamental Rights of the European Union.

An important concept introduced by Law 219/2017 is that of informed consent.

According to the law, the relationship of care and trust between the patient and the doctor based on informed consent is to be promoted and enhanced. The text regulates the ways in which this informed consent may be expressed in the manner and by the means most suited to the patient’s condition, and is documented in written form or by means of video recordings or, for the individuals with disabilities, by means of devices that enable them to communicate. Informed consent, in whatever form it is expressed, is included in the medical record and in the electronic health record.

At any time the person can review his or her decisions. Refu-

sal (non-initiation) or withdrawal (discontinuation) concerns all diagnostic tests and health treatments, among which the law includes artificial hydration and nutrition.

1.1. The Doctor

If the patient expresses the renunciation or refusal of health treatments necessary for his/her survival, the doctor informs the patient, if he/she consents and his/her family, of the consequences of such a decision and the possible alternatives, promoting any action to support him or her, including utilizing psychological assistance services. Without prejudice to the possibility for the patient to change his/her will, acceptance, revocation and refusal are recorded in the medical record and in the electronic health record.

The doctor is obliged to respect the patient's expressed will to refuse health treatment or to waive it and, as a result, is exempt from civil or criminal liability. The patient may not demand medical treatment that contravenes the law, professional ethics or good clinical practice; in the face of such demands, the doctor has no professional obligations.

In emergency or urgent situations, the doctor and members of the healthcare team provide the necessary care, respecting the patient's wishes where their clinical condition and the circumstances allow for this.

The law emphasizes that "the communication time between doctor and patient constitutes time of care".

1.2. Pain therapy and deep palliative sedation

The law also addresses the issue of pain therapy, the prohibition of unreasonable obstinacy in treatment and dignity in the final phase of life.

According to Art. 2, the doctor, using means appropriate to the patient's condition, must endeavor to alleviate the patient's suffering, even in the event of refusal or withdrawal of consent to the medical treatment indicated by the doctor. To this end, appropriate pain therapy is always guaranteed, with the involvement of the general practitioner and the provision of palliative care as per Law no. 38 of 15 March 2010.

In case of a patient with an unfavorable short-term prognosis or imminent death, the Doctor must refrain from unreasonable obstinacy in the administration of care and from resorting to unnecessary or disproportionate treatment. In the presence of suffering refractory to medical treatment, the Doctor may use continuous deep palliative sedation in combination with pain therapy, with the patient's consent.

1.3. Minors and incapacitated individuals

The minor or incapacitated individual must receive information on choices concerning their health in a manner appropriate to their capacities enabling them to express their wishes.

In such cases, informed consent shall be given or withheld:

- for the minor, “by the person exercising parental responsibility

or by the guardian, taking into account the will” of the minor, “in relation to their age and degree of maturity”

- for the incapacitated person, “by the guardian after hearing the incapacitated individual, where possible”;

The incapacitated individual, on the other hand, may express their consent in person, and special provisions are made if a support administrator has been appointed.

1.4. Advance treatment dispositions (DAT)

Advance treatment dispositions, commonly referred to as “living wills” or “bio wills”, are regulated by **Article 4 of Law 219 of 22 December 2017**.

In anticipation of a possible future incapacity to self-determine and after acquiring adequate medical information on the consequences of one’s choices, the law provides for the opportunity for each person to express his/her wishes on health treatment, as well as consent or refusal on:

- diagnostic tests
- therapeutic choices
- individual health treatments.

DAT can be made by all persons who are:

- adults
- capable of understanding and wanting.

1.4.1. How to make DAT

It is important before writing a DAT to obtain adequate medical information on the consequences of one's choices regarding refusal or consent to certain diagnostic tests, therapeutic choices and individual healthcare treatments (i.e. artificial nutrition and hydration). There are no forms provided for by law.

When drawing up the DAT, one can seek help from one's own doctor so that one can also receive the health information needed to choose the treatment one intends to accept/reject.

The writing of the DAT can take several ways:

- by a notary (either by public deed or by private deed in which the person writes their will themselves and has their signatures notarized), in both cases the notary will keep the original;
- at the civil status office of the municipality's residence (with a private contract);
- at the competent health facilities in regions that have regulated the collection of DATs (with a private contract);
- at Italian consular offices, for Italian citizens abroad (in the exercise of notarial functions).

DATs are exempt from registration, stamp duty and any other taxes, duties, fees and charges.

Where the patient's physical condition does not allow it, the

DAT may be expressed by means of video recording or devices enabling the disabled person to communicate.

In the same form, DATs are renewable, modifiable and revocable at any time.

1.4.2. Where DAT is entered and consultable

All DATs delivered at notaries, municipalities, competent health facilities and Italian Consulates abroad are transmitted and entered into the **National DAT Database** established at the Ministry of Health by the 2018 Budget Law. The DAT Data Bank, regulated by the Ministerial Decree of 10 December 2019, published in the Official Gazette no. 13 of 17th January 2020, was activated as of **1st February 2020**.

For **DATs collected on or after 1st February 2020**, the consent of the disposer must be obtained for the transmission of a copy of the DAT to the National DAT Database (in other words, indicating where it can be found). The disposer may also give consent to receive an email notification of the successful registration of their DAT in the National Data Bank.

It is, however, the right of the disposers to request the deletion of any copy of the DAT transmitted.

1.4.3. Appointment of the trustee and role of the doctor

Law 219 provides for the possibility of indicating a trustee in the DAT, the choice of whom is left entirely to the will of the dispo-

ser. The law merely stipulates that the trustee must be of legal age and capable of understanding. The trustee is called upon to represent the person concerned in relations with the doctor and healthcare facilities.

The doctor is obliged to respect the DAT, which may be disregarded, in whole or in part, by the doctor himself, in agreement with the trustee if:

- the DAT appears clearly incongruous or does not correspond to the patient's current clinical condition;
- there are therapies that could not be foreseen at the time of subscription and that offer real possibilities for improving living conditions.

In the event of a conflict between the trustee and the doctor, the decision is referred to the tutelary judge.

In the DAT does not contain the indication of the trustee, or the trustee has renounced it or has died or become incapacitated, the DAT remains effective with regard to the will of the disposer. If necessary, the guardianship judge appoints a support administrator.

1.4.4. Modalities for consulting the DAT recorded in the national database

The services for consulting the DAT registered in the national

database may be accessed, through SPID, CNS or CIE authentication, by the person making the disposition and any trustee appointed by him/ her, as well as by the doctor treating the person making the disposition in a situation of incapacity to self-determine and called upon to carry out diagnostic tests, make therapeutic choices or perform health treatments on the person making the disposition.

Please refer to the **FAQ provided on the Ministry of Health website at: www.salute.gov.it**

1.5. Shared Care Planning (CCP)

Article 5 provides for “shared care planning” (CCP). This is an operational tool that, in the case of chronic and disabling pathologies, characterized by an unfavorable prognosis and for which it is foreseeable that the person will be incapacitated, makes it possible to collect the person’s wishes as to the treatment that they wish to be carried out, omitted or interrupted, in a relationship with the doctor that accompanies the process over time.

The patient’s wishes must be respected even when, due to the evolution of the pathology and the occurrence of a condition of incapacity, the person can no longer express them. The peculiarity of shared care planning consists in the fact that the patient will be able to make decisions on therapeutic/assistance choices in the context of a relationship of trust with the treating doctor and will be able, if they wish, to modify and update them according to the evolution of the disease and the treatment pos-

sibilities. A person of the patient's trust may be involved in the relationship with the caregiver. Upon the onset of the condition of incapacity, the trustee may liaise with the treating Doctor to implement the wishes previously expressed by the person. Unlike the DAT, the PCC provides for a prior direct discussion between the caregivers and the patient. A further difference lies in the fact that, unlike the DAT, the PCC does not require any particular extension formalities to ensure its validity, and thus does not need to be recorded in a notarial deed or filed with the municipality. The PCC can be documented in the health record as is normally done for consent documentation or in a separate document, signed by the treating Doctor, the patient and, if this was indicated, the trusted person.

2. WILL ON ORGAN AND TISSUE DONATION

In Italy it is possible to donate organs and tissues to a patient by taking them from a person whose death has been established, understood as a complete and irreversible cessation of brain function.

The legislation governing it (Law no. 91 dd. 1.4.1999) introduced a system of informed silence-consent, in which the local health authorities should notify citizens of a request to express their opinion on donation. Non-declaration is equivalent to assent.

However, the discipline of silence of consent has not yet been

applied, due to difficulties in setting up and managing a computerized registry of persons assisted by the Health Service at national level. **In this transitional phase, citizens must therefore still explicitly express, in the form of assent or refusal**, their consent to organ donation; if he/she has not done so during their lifetime, family members (spouse, unmarried partner, children and parents) have the option to oppose a possible request for organ removal.

To declare one's will, one must be of legal age and capable. Various modalities can be chosen:

- At the MUNICIPALITY office: by signing a consent or refusal form when the electronic identity card is issued/renewed;
- At the local health authority (AZIENDA SANITARIA LOCALE) of reference, by signing a similar form;
- Through AIDO - the Italian Association for Organ, Tissue and Cell Donation (either online or by contacting the Association's offices), but only for consent to donation.

These declarations are recorded in the computerized system of the National Transplant Centre, which can be consulted by the resuscitating doctor if necessary. The microchip on the electronic identity card contains no trace of the will expressed by the citizen.

Other ways to express your will are:

- Fill in the blue Ministry of Health card;

- Write your declaration on a simple blank sheet of paper, remembering to indicate your name, surname, place and date of birth, date of completion and signature.

The last two cases do not involve registration in the Transplant Information System. For this reason, you should keep these documents carefully and inform your family members of your choice.

You can revoke your donation at any time; only the most recent declaration is valid.

The will expressed when the electronic identity card is issued cannot be changed at the municipal office before the document is renewed. If the citizen changes his/her mind (from consent to refusal or vice versa), he/she must contact the Local Health Authority.

3. DISPOSING OF ONE'S BODY AND TISSUES FOR THE PURPOSES OF STUDY, TRAINING AND RESEARCH

It is possible to make one's body and tissues available, after death, for the purposes of study, training and research, by declaring one's consent in writing, to be delivered to the competent local health unit.

It will be necessary to designate a trusted person - and possibly a substitute - who will be responsible for informing the morti-

cian of the existence of the consent given during the lifetime of the disposer.

The trustee and any substitute must accept the appointment by signing the declaration of consent.

Both the act of disposition (consent) and the appointment of the trustee may be revoked at any time by written declaration to be communicated to the Local Health Unit.

For minors the consent must be expressed by both parents. Revocation may also be expressed by only one of them.

Within the next twelve months, the body is returned to the family for subsequent burial or cremation.

The costs of funeral transport, burial or cremation are borne by the research facility that used the body.

4. DEATH AND BURIAL

In the event of the death of a relative, one should contact a funeral company, which will also handle the administrative formalities (death declaration to the registrar, authorizations, etc.).

The funeral company is freely chosen by the relatives, without any constraints.

It should be noted that undertakers operate under **free compe-**

tition, so it is advisable to consult more than one undertaker before commissioning the funeral service and to obtain a written cost estimate.

It is recommended to request estimates detailing individual items of expenditure in order to properly compare the services offered and their respective costs.

The cost estimates will also include the fees that the funeral company will pay to the municipality, depending on the chosen rite (cremation, ground burial, burial in a niche). It is advisable for these sums to be precisely detailed, so that they can be compared with the price list published on **www.padovanet.it** in the sections dedicated to cemetery services.

Upon completion of the funeral service, the company shall issue a standard invoice.

The expense incurred for the funeral may be deducted for IRPEF purposes, up to a limit of €1,550.00, by the individual incurring the expense.

Funeral services are exempt from VAT, pursuant to Article 10, no. 27, of Presidential Decree 633/1972.

4.1 Cremation

Cremation is now the most widespread practice: cremation is currently requested for more than 70 percent of the deceased residents in Padua.

The choice of cremation can be made during life, through the following modalities:

1) WILL - The choice of cremation may be included in a will that also contains any dispositions concerning assets, or a will may be drawn up that contains only the wish that one's body be cremated after death, and possibly the destination of the ashes. In any case, the use of the testamentary instrument requires the intervention of a notary, with the associated burdens.

Even in the case of the holographic will (which must be written out in full, dated and signed by the testator's hand), it must be delivered to a notary for publication after death; without this fulfillment, the holographic will cannot be executed.

2) REGISTRATION WITH A CREMATION SOCIETY (SO.CREM) -

Membership may involve the payment of membership fees and/or annual fees.

At the moment of death, it will be sufficient for relatives to inform the funeral company that their relative was registered with So.crem. The company will then request the So.crem registration certificate, which will be sufficient to obtain authorization for cremation.

Registration with the So.crem can be revoked at any time.

3) ENTRY IN THE CREMATION REGISTER - which is carried out by depositing at the competent municipal office a manifestation of will - drawn up on a special form - indicating the cremation of one's body after death. This manifestation of will may also include the scattering of one's ashes or entrusting them to a family member, but may not contain provisions of any other nature.

Registration in the cremation register may be revoked at any time.

4) SPOUSE OR CLOSE RELATIVES - The wish to cremate one's body and possibly disperse one's ashes can simply be communicated verbally to the closest relative/family.

In this case, at the time of death,

- the spouse;
- the civil partner;
- the de facto cohabitee, if formally designated; or, in the absence of the above three persons
- the majority of the closest relative/family,

may produce a declaration in lieu of affidavit attesting to the deceased's wish to be cremated, and possibly the ashes scattered.

In the event that the deceased person did not express in life in any way the destination of his or her body after death, the choice of cremation can still be made by the direct will of the persons listed above.

In this way, the individuals do not refer to a will expressed during life by the deceased, but express their will to proceed with the cremation of the body of their spouse or relative, through a declaration to be made personally before the registrar of the municipality of death or residence.

4.2 Burial in a burial ground

The choice of burial in a burial ground does not require any special formalities: the request of the deceased's closest family member is sufficient.

In the absence of a family burial site, a request must be made to the municipality for the concession of a burial plot, generally for a period of 30 years.

Therefore, this option will in future dictate the destination of mortal remains, almost always toward cremation.

- It is the most expensive form of burial, as the costs must be met:
- for the packaging of the coffin with an airtight inner container;
- for the cemetery operation of burial;
- for the eventual concession of the burial niche, with fees that vary depending on the location.

Moreover, this form of burial does not favor the natural process of transforming of the corpse into bone remains and therefore, when the concession expires, it will be necessary to proceed alternatively

- ground burial for at least five years;
- cremation of the mortal remains.

Both options entail costs to be borne by the relatives.

4.3. Inhumation on the Ground

Choosing to bury the body of a close relative in the ground does not require any special formalities: the request of the deceased's closest family member is sufficient. The law stipulates a MINIMUM burial period of 10 years.

That is why this option will, in the future, limit the destination of

the mortal remains, almost always steering it toward cremation. Even if the grounding period is extended, this form of burial does not always guarantee the natural process of transformation of the corpse into bone remains, which depends on several factors.

Therefore, upon exhumation, it will then be necessary to proceed alternatively

- ground re-inhumation for at least another 5 years;
- cremation of the mortal remains.

Only if the mineralization process is complete on exhumation, can the bone remains be collected in a bone box.

Both the initial burial and the subsequent treatment entail costs to be borne by the relatives.

The cleaning and maintenance of the area within the perimeter of the grave (weeding, pruning of any decorative plants, cleaning of any gravestone, etc.) is the responsibility of the relatives of the interred body.

At the Maggiore Cemetery there are burial areas designated to receive the bodies of people of Islamic faith, other faiths/religions or non-believers residing in Padua at the time of death or who died in Padua.

4.4. Destination of Ashes (burial, home custody, scattering)

At the choice of the bereaved person's closest family members, the cinerary urn may be:

- interred in an ossuary/cinerary urn in a cemetery (depending on availability);
- buried in a burial ground where the body of a relative is already interred;
- placed in the cemetery's common cinerary urn;
- entrusted to a relative for private storage, with the consent of any other entitled persons.

In the case of entrusting the cinerary urn for private storage, it is possible at any time to request its burial in a cemetery.

If the deceased had expressed during his or her lifetime the wish for his or her ashes to be scattered, the scattering may be authorized

- within a special area of the cemetery;
- in kind, according to the indications of the deceased, in compliance with the limitations set forth in Regional Law no. 18/2010 (art. 50) and in the Municipal Regulations (art. 53 - Regulation of Cemetery Services of the Municipality of Padua).

Dispersal is not permitted:

1. within 500 m. of roads, lanes, paths;
2. within or less than 500 m. from public parks and gardens;
3. less than 500 m. from built-up areas or settlements;
4. in cultivated land;

5. inside buildings or artifacts;
6. in river stretches occupied by vessels and artifacts.

The dispersal of ashes not authorized by the registrar or carried out in a manner different from that indicated by the deceased, is punishable by imprisonment for two months to one year and a fine ranging from €2,582 to €12,911 (Art. 411, fourth paragraph, Criminal Code).

4.5. Communal cemeteries and access arrangements

The territory of the Municipality of Padua includes the Maggiore Cemetery and 15 suburban cemeteries, located in all city districts

Cimitero Maggiore	via del Cimitero, 10
Altichiero	via Querini
Arcella	via Enselmini
Camin	strada Camin
Granze	via Lazio
Mandria	via Ca' Rasi
Montà	via San Bortolo
Ponte di Brenta	strada A. Fiorazzo
Salboro	via Roncon
San Gregorio	via Vigonovese
San Lazzaro	strada San Marco
Terranegra	via XX aprile

Torre	via Don Minzoni
Voltabarozzo Vecchio	via Vecchia
Voltabarozzo Nuovo	via N. Tron
Voltabrusegana	via Decorati al Valor Civile

Those who have the right to be buried in Padua choose any of the following cemeteries.

VISITOR HOURS

November, December,

January, February.....from 8:00 AM to 3:30 PM

March, October.....from 7:00 AM to 4:30 PM

April, September.....from 7:00 AM to 5:30 PM

May, June, July, August.....from 7:00 AM to 6:30 PM

Attention: Staying inside the cemeteries is permitted up to 30 minutes after closing time.

OFFICE HOURS

Public reception Monday to Friday: 8:15 AM to 11:00 AM and Thursday afternoons from 2:45 PM to 4:30 PM.

Telephone inquiries Monday to Friday from 11:00 AM to 1:00 PM and Tuesday 1:00 PM and Tuesday afternoons from 2:45 PM to 4:30 PM at 049 8205080.

4.6. Farewell Hall

For the celebration of farewell rites of non-religious or non-Catholic religions, the municipal administration makes the Farewell Hall available.

This room contains no religious symbols and a maximum capacity of 200 people (140 seated and 60 standing). It is equipped with a microphone, lectern and audio-video system for the possible reproduction of photos, films and music, via USB support, SD card or DVD, provided by family members.

The Farewell Hall is adjacent to the crematorium, but of course it can also be used if the body is later to be buried or interred in a burial ground.

The funeral parlour can be reserved by the same funeral home appointed by the relatives for the funeral.

In addition to the Farewell Hall, there are three small rooms, each with a capacity of 25, where family members can watch the coffin being placed in the cremation plant via closed-circuit video.

The use of the gathering rooms is free of charge. The use of the Farewell Hall is subject to a fee.

