

CERTIFICATION OF DEATH

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ABSTRACT

In Singapore, every deceased person must have a death certificate stating the cause of death. The death certificates are prepared from certificates of cause of death signed by medical practitioners, pathologists, coroners or inspectors of death. The death certificate is a legal document and the person who certifies the cause of death is responsible for the accuracy of the facts. Singapore has a Coroner's system and all deaths due to unnatural, violent, accidental, sudden and unknown causes must be reported to the coroner. These cases are usually subjected to post-mortem examination after which pathologist will sign the certificate of cause of death. Thus only pathologists are allowed to certify unnatural causes of death. All other categories of personnel are allowed to certify natural causes only. Any deviation will result in the certificate be rejected by the Registrar of Death and the matter referred to the Coroner. The offending doctor would be reprimanded by the court. Examples of wrong certification will be given and it is hoped that medical practitioners will not make similar mistakes.

Keywords: Coroner's cases, unnatural deaths, death certification

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A comparative study of the medico-legal aspects of death in Europe found that in all but two countries, Scotland and the Republic of Ireland, it was necessary legally for a physician to issue a medical certificate of the cause of death before the body could be buried or cremated (1). However, in the two countries mentioned, although it is possible for a dead body be buried before a death certificate is issued, it is a rare occurrence. The doctor who issues the certificate must be the regular medical attendant of the deceased. The time limit between the last examination and the death is stipulated at 14 days in England, Wales and Ireland, beyond that a doctor is not allowed to sign the death certificate. In the Republic of Ireland this period is extended to one calendar month and in Poland it is 30 days. In all countries except the United Kingdom and the Republic of Ireland, the certifying doctor must examine the body after death. Deaths under criminal or suspicious circumstances or unnatural deaths are referred to another authority for medico-legal investigations, although the practice varies from country to country.

In Singapore, no deceased persons can be disposed of without a death certificate stating the cause of death. The Medical Practitioner is duty bound to sign a certificate of the cause of death under section 19(1) of the Registration of Births and Deaths Act Chapter 267 of the Statutes of the Republic of Singapore (1985 Edition), which states:

"Every medical practitioner, upon the death of any person who has during his last illness been attended by that medical practitioner, shall sign and deliver within 12 hours of the death to one of the persons required by this Act to furnish particulars of the death or to any deputy registrar of the local registration area within which the death has occurred, a certificate in the prescribed form" (2).

This certificate is known as the Certificate of The Cause of Death. The certificate is then exchanged for a Death Certificate and a Burial or Cremation Permit, on the production of the identity card, passport or birth certificate of the deceased person. This is done at the Death Registries of the Hospitals, Police Stations or the Registry of Birth and Death. It is at these exchanges that the Certificate of The Cause of Death may not be accepted by the Registrar of Birth and Death and the case ordered to be referred to the Coroner.

There are three conditions under which the Certificate of Cause of Death can be signed, ie. the person who signed had:

1. Attended to the deceased during his last illness – The period interval is not stated but as long as the medical practitioner is satisfied that the person died of the last illness he attended to he could sign up the certificate of cause of death. If he is unwilling to sign,

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it would assist the coroner in reaching a decision if he would write a note on the last illness of the patient to the coroner through the relatives;

2. Conducted a post-mortem examination of the body of the deceased – This refers to the pathologists;
3. Inspected the body of the deceased – This refers to the medical practitioner who inspects the body, and the Inspector of Death.

Attention must also be drawn to another section of the law contained in Section 22(1) of Chapter 68 of the Criminal Procedure Code:

“Every person aware:-

- (b) of any sudden or unnatural death or death by violence or of any death under suspicious circumstances or of the body of any person being found dead without its being known how that person come by death, shall, in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, forthwith give information to the officer in charge of the nearest police station or to a police officer of the commission or intention or of the sudden, unnatural or violent death or death under suspicious circumstances or of the finding of the dead body, as the case may be” (3).

Thus it is the duty of every person in Singapore, medical practitioners included, to report any sudden, unnatural or violent death, death under suspicious circumstances or death of unknown cause to the police who will in turn report to the Coroner. Under such circumstances, the medical practitioner cannot sign the Certificate of Cause of Death, and if he does so, it will be rejected by the Registrar of Birth and Death who will refer the case to the Coroner, and the medical practitioner will face a hard time in the Coroner's Inquiry. Therefore it is prudent for a general practitioner to obtain a complete history of the circumstances surrounding the death of his patient before he decides to sign the certificate of cause of death. On many occasions relatives have withheld important information from the general practitioner in order to get the Certificate of Cause of Death from him without having to refer the deceased to the Coroner. Trouble can come later if the certificate is issued in error.

The penalty of not complying with the law is provided for in Section 27 of the Registration of Births and Deaths Act. A person convicted for wilfully making any false statement in respect of any matter required to be made under the provision of the Act will be liable to a fine not exceeding \$1000/- or to imprisonment for a term which may extend to 12 months, or to both. A person convicted for wilfully neglecting or refusing to carry out the requirements under Section 19 of the Act will be liable to a fine not exceeding \$100/-.

Before signing the certificate of cause of death, the medical practitioner must ascertain that the person is dead. Therefore it will be prudent for the doctor to inspect the body. Death is usually determined by the absence of pulse, respiration and reflexes. But it is important to exclude causes like hypothermia, drug intoxication and metabolic disturbances. It is not unknown that patients certified dead by doctors had woken up in the mortuary, especially in countries with a temperate climate.

Another definition of death is brain death which is accepted by law in Singapore and is used in the case of organ transplantation, as spelt out in Human Organ

Transplant Act 1987 (4). However, this does not concern general practitioners.

The doctor should then proceed to examine the body to detect injuries. Pay particular attention to the neck and the face. Bruises, scratches, ligature marks round the neck need explanation and petechiae haemorrhages in the sclera and conjunctiva indicate possible asphyxia. It should be realized that in some cases the relatives would try to conceal the true facts from the doctor and to hide or discard incriminating evidence in order to avoid the case being reported to the coroner and subjected to a post-mortem examination. Therefore it is important for the doctor to satisfy himself there is no evidence of unnatural causes of death. There was a case of a 75-year woman who hanged herself. The relatives cut her down, laid her on the bed and called in the general practitioner to certify death. The doctor examined the body by lifting up three layers of samfoo blouses from waist to chest level to listen to heart beat which was absent and found no injuries on the chest. However, she did not check the neck. She signed the certificate of cause of death as 'senile debility'. But when the body was sent for embalming the embalmer found a depressed groove mark round the woman's neck and the doctor was summoned back. She then contacted the police on seeing the mark. A post-mortem examination revealed that she died of asphyxia from hanging. At the Coroner's Inquiry the doctor was severely reprimanded. It is a traditional belief by the older Chinese that when they commit suicide they should put on three layers of clothing to protect them against the cold in the next world. So if you see a dead person with three layers of clothing your index suspicion must be raised that this could be a suicide.

A three-month old baby was being strangled by the cord for the pacifier that was round his neck. The parents brought the baby to see a general practitioner for difficulty in breathing. The doctor only lifted the clothing from the abdomen when he listened to the chest and did not pull down the collar to inspect the neck. The baby subsequently died and was made into a Coroner's case. The strangulation mark missed clinically was discovered in the mortuary when the post-mortem examination was conducted.

Unnatural causes of death certified by general medical practitioners are unacceptable to the Registrar of Birth and Death (5). Thus words like fractures or injury appearing on the Certificate of Cause of Death will cause the certificate to be rejected. The only 'accident' that is acceptable is 'cerebro-vascular accident'.

However, the rejection does not come immediately. The relatives are allowed three days to exchange for the death certificate and the burial/cremation permit. By that time they would have completed all funeral arrangements and the body placed in the coffin. A rejection means that the body must be brought in the coffin to the mortuary to be made into a coroner's case and a post-mortem examination may have to be conducted. Several coffins had been brought to the mortuary and opened because of wrongly filled certificates. Worse still, there were cases where the police station wrongly issued the burial/cremation certificate without checking. And when mistakes are discovered at the Registry days later, the body had already been buried/cremated. Thus it causes a lot of harassment and inconvenience to the relatives, trouble to the police and pathologists, and embarrassment to the doctor if he signed the certificate wrongly.

The cases that would be rejected by the Registrar of Death include:

1. Unnatural cause of death.

The most common cause of death rejected is fractured femur. Once the word fracture appeared in the death certificate it will be rejected. Sometimes a case may die of septicaemia or renal failure following multiple injuries, for example in a road traffic accident. Such death arose out of an unnatural cause and should be referred to the coroner and not to be signed up. In some cases, the clinical course may be protracted, and the time interval between injury may be weeks or months. But as long as there is a causal link between the injury and death the case must be reported to the Coroner. Several medical practitioners committed this mistake and were reprimanded at the Coroner's inquiry. For example, a 75 year old man was the victim of a hit and run accident. He had a craniotomy and was in Tan Tock Seng Hospital (TTSH) for five months. After that he was removed to a nursing home where he died three months later. The visiting physician signed up the case as 'subdural haematoma'. This was an unnatural cause and the case was not referred to the Coroner. The Registrar of Death rejected the Certificate of Cause of Death and referred the case to the Coroner. The doctor apologized to the court for his mistake in the inquiry held later.

Another doctor signed up a case as 'head injuries' as he 'did not suspect foul play'. The Coroner pointed out to him that investigation into foul play was the job of the police and not the doctor. Foreign patients coming to Singapore for treatment of traumatic injuries must also be reported to the Coroner if they die of their injuries.

The hospital doctor also would lapse into the mistake of signing up a traumatic case now and again. There was a case of a 79 year old woman who fell at home and was admitted to TTSH. Her condition was serious and conservative treatment was decided for her. The son requested to take her home against medical advice and the request was granted. An ambulance was arranged to take her home. On the way she died. The body was discharged at the home. The next day, after the Inspector of Death refused to sign the certificate of cause of death, which was the correct decision, the relatives went to the hospital to get the certificate. The Medical Officer certified the cause of death as 'multiple right cerebral clots from head injuries due to hypostatic pneumonia'. Aside from the wrong sequence of the cause of death, the certificate was unacceptable and the case was referred to the Coroner. An inquiry was held and the doctor was reprimanded for his mistake. During the inquiry the doctor was asked if he would make a coroner's case if she died in hospital. He said he would, but then he could not explain the double standard of issuing the death certificate when she died outside the hospital.

Attention must be paid to those traumatic cases which have a protracted course in the hospital. Finally they are transferred to the chronic sick hospital where they died. If the death is linked to the original injury the case must be referred to the Coroner and not signed up. Mistakes have been made in the past when a comatose patient from road traffic accident was transferred to the chronic ward from an acute ward and died after a prolonged period. The doctor who signed up the case had to appear before the Coroner to give an explanation and undertaking not to do it again.

There was the case of a twenty year old girl who had

an anaesthetic accident when undergoing appendectomy. She was in coma for eighteen months before she died. She was made into a Coroner's case as her death was connected to the anaesthetic accident.

Words like drug addiction, drug overdose, poisoning, drug reactions, anaphylaxis, Steven-Johnson's syndrome also denote unnatural causes and these cases should be referred to the coroner.

Some doctors like to write explanation phrases in the certificate. For example in some certificates of cause of death the following sentences were written beside the cause of death such as "asphyxia (choked on a biscuit)", "drowning (fresh water)", "Hanging and weakness of legs for which I have given multivitamins". This is not correct as the certificate is meant to contain the cause of death. Primarily these causes are unnatural causes and should be referred to the Coroner. The explanation would not help. This just shows the ignorance of the doctor.

2. Vague causes of death

The cause of death should never be unknown. If you do not know the cause of death, refer the case to the coroner. A general practitioner from a firm was called to a ship to inspect the dead body of a seaman. As he had not treated the case before and would not know the cause of death he should have referred the case to the Coroner. But he signed the cause of death as 'Unknown'. The certificate was rejected by the Registrar of Death promptly when it was presented at the Registry. The case was referred to the Coroner and a post-mortem was ordered. Some years later another partner of the same firm was asked to go to a house and see a dead body. According to the family, the deceased did not have any illness nor had he received any treatment or been admitted to hospital. The doctor again signed the cause of death as 'Unknown' which was duly rejected by the Registrar of Births and Death. After this case the Registry of Births and Death printed an additional footnote in red on the certificate to remind the doctors: 'No certificate of cause of death should be issued if the death is due to injury, fracture or unknown'.

Other vague causes of death like senile dementia, senile debility, bed sores, sudden death, died in sleep, heart failure without a specific cause are not acceptable. Yet all these causes had been given in the certificates which were rejected.

3. Change of mind

Stranger still, there was a general practitioner who changed his mind about the cause of death of a patient. An old lady suddenly collapsed at a meal. Her regular family physician was not available and the family called in another physician. He at first certified the cause of death as choking, which was an unnatural cause of death. After pleading from the relatives he changed his mind and signed the cause of death as myocardial infarction which is a natural cause of death. The case was brought up to the Coroner later. At the inquiry this change of mind had drawn sharp remarks from the coroner and the physician was severely reprimanded.

Thus it is important that you must take care when signing up a Certificate of Cause of Death as it is a legal document. Any slip up will cause great inconvenience to the relatives, police, coroner, pathologists and most of all to yourself.

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organised by the WHO, New York College of Osteopathic Medicine and the
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Objectives:

1. To update and disseminate information on musculo-skeletal disorders and low back pain.
2. To explore the methodology of prevention, diagnosis and management of these syndromes as well as research methods.

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