News from **SMA Council**

By Dr Tham Tat Yean, Honorary Secretary

1. CERTIFICATE OF CAUSE OF DEATH (CCOD)

The SMA has received some queries from members regarding acceptable and non-acceptable causes of death (CODs). We wrote to Dr Gilbert Lau, a forensic pathologist, and his replies are given below.

PROFESSIONAL VIEWS OF A FORENSIC PATHOLOGIST

i. Can "cardio-respiratory arrest" be written by a GP, or can it only be written by a pathologist after post-mortem?

When the immediate results of a Coroner's autopsy do not permit the attending pathologist to certify death on the basis of those results, an interim COD "cardio-respiratory failure pending further investigations" is issued. This will enable the next-of-kin to register the death and to proceed with the proper disposal of the body (i.e. burial or cremation). When the relevant ancillary investigations are completed, the pathologist will then ascertain and issue the final COD. This process applies strictly to Coroner's autopsies, only. Accordingly, it is not the prerogative of clinicians (GPs included) to issue a CCOD stating "cardio-respiratory arrest" as a COD, as this is insufficient in itself. In fact, it does not say anything at all, since death is, clinically, always attended by cardio-respiratory arrest!

ii. Are "acute renal failure", "liver failure", or "CCF" acceptable CODs to be used on the CCODs?

Congestive Cardiac Failure (this has to be spelt out; "CCF" and other abbreviations are unacceptable) is a mode, rather than a cause of death. Ideally, it should be I(a) Congestive Cardiac Failure due to (b) Ischaemic (or Hypertensive) Heart Disease, or some similar formulation. Acute renal failure and liver failure must be qualified, i.e. there must be an antecedent cause which is natural, since both these states could be due to adverse drug reactions, poisoning, etc.

iii. What can/cannot be written as CODs?

There is no exhaustive list for this. Almost any serious illness that appears in the ICD 9CM/10 may be used as a COD, provided it is sufficient, in the ordinary cause of nature, to cause death. However, please note that it is not the prerogative of clinicians to certify unnatural, or possibly unnatural, CODs. Such deaths are reportable to the Coroner.

iv. We would like to compile an up-to-date list of "unacceptable CODs" for reference by doctors/clinics. We understand that over the years, the MOH and the Institute of Forensic Medicine had issued lists of "cannot use diagnoses".

At present, registered medical practitioners stand guided by the latest MOH guidelines on these matters. These guidelines may best be regarded as practical examples encountered in the course of clinical practice, rather than as an absolute reference list. (Incidentally, the Institute of (Science and) Forensic Medicine no longer exists as a corporate entity.)

v. The instructions at the inside left of the CCOD book are only guidelines. They give the impression that diagnoses other than unnatural causes are OK.

It is not possible to list all acceptable natural CODs. Doctors will have to exercise clinical judgement on the matter of death certification, as they do in matters pertaining to clinical management. After all, death certification is both a statutory, as well as a professional duty, which doctors are required to perform and should, thus, be regarded as an extension of their clinical duties. Moreover, these instructions/guidelines have been included by the Registry of Births and Deaths, not HSA. We have asked them to withdraw them, as they are no longer appropriate.

vi. It is good for clinics to be familiar with the contact telephone numbers and time of operation of the Inspectors of the Dead, who is also empowered by law to certify death. Could you kindly assist us to obtain the information?

What is effectively a limited domiciliary death certification service, provided by our **Forensic Death Investigators** (no longer the Inspectors of the Dead), is available during office hours, but only through the auspices of the police. This means that the next-of-kin must contact the police in the first instance. However, the demand for this service has, in fact, been decreasing steadily, as general practitioners and family physicians are increasingly being required to provide this service to their patients. This appears to be the right approach, as a patient's principal or family physician ought to be most familiar with his or her medical history and thus in the best position to certify the COD, provided it is due to natural causes.

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As a step toward compilation of the list of "unacceptable CODs", we then wrote to MOH for copies of guidelines on "cannot use diagnoses".

REPLY FROM MOH

Dr Arthur Chern, Director of Health Service Development, advised that:

i. MOH is not able to provide a comprehensive list of acceptable and non-acceptable CODs.

ii. The CCOD should only be issued when the COD is known **AND** the cause is **natural**. If a death has been the result of or has been contributed by an unnatural event (e.g. surgical complication, a fall prior to admission), then the case should be referred to the Coroner. It is a requirement under the Criminal Procedure Code that all cases where the COD could not be ascertained should be referred to the Coroner.

iii. In completing Part 1 of the CCOD, doctors should note the following:
Line 1(a) – "Immediate Cause of Death"
This is the final disease or condition directly causing the death. This must be a definitive cause of death and does not mean the mode or mechanism of dying e.g. cardio-respiratory failure, senility, cardiac or respiratory arrest.

Line 1(b) & (c) – "due to (as a consequence of)"
In line 1(b), report the disease condition, if any, that gave rise to the immediate COD. This is the Underlying Cause of Death. If this in turn resulted from a further condition, record that condition on line (c).

iv. All doctors have to exercise **professional judgement** as to the COD that is appropriate for a particular case.

There is no exhaustive list of acceptable and non-acceptable CODs. The article **"Death certification by clinicians or How to avoid unnecessary trouble when your patient dies"**, which was published in the **SMA News October 2002 issue**, could serve as a useful guide for doctors.

2. CHANGE IN CERTIFICATE OF CAUSE OF DEATH BOOKLET

The Registry of Births and Deaths has requested us to notify doctors of the change in the CCOD booklet: deletion of the sentence *"In case of doubt, please seek advice of forensic pathologist on duty through the police."* Please refer to a copy of their letter dated 18 June 2003 in this month's mailbag.

3. TAX DEDUCTION FOR MEDICAL INDEMNITY PREMIUMS

We are pleased to inform members that the Inland Revenue Authority of Singapore (IRAS) has confirmed that medical indemnity insurance premiums are allowable deductions for tax purposes.

4. APPOINTMENT OF HONORARY ASSISTANT LEGAL ADVISER

We are pleased to announce the appointment of **Ms Teo Hsiao-Huey** as Honorary Associate Legal Adviser for the period July 2003 to April 2004. Ms Teo joins our panel of five distinguished Honorary Legal Advisers in advising the SMA Council on legal and related issues. ■