

The Inspectorate of the Dead Unit – A Historical Review

By Dr Paul Chui and Lim Sin Seng

The police provided the service of certifying deaths at home for over 70 years in Singapore, starting from the 1930s when it was still a British colony. During those days, the population not only lived on the mainland, but also on the outlying islands which were not easily accessible. It was difficult to obtain attendance by a doctor when a death occurred at home. The next-of-kin (NOK) of those who died in their homes outside the municipal limits had to report the deaths to the police.

After viewing the dead body and excluding unnatural causes of deaths, the police officer issued the certificate of the cause of death (CCOD). The causes, which were certified by police officers without medical knowledge, were deemed acceptable. It was then a service provision that was convenient to the community, as it fulfilled the legal requirements, as well as the NOK's beliefs and religious needs. At that time, two City Council Officers were appointed as Inspecting Officers, and they received all reports of deaths that occurred within the city area.

In the 1950s, besides the police, hospital assistants from the Government Health Office were appointed as Inspecting Officers. In 1964, the Inspectorate of the Dead Unit (IDU), Public Health Division, Ministry of Health (MOH), was organised to function on an integrated islandwide basis. The IDU was staffed by Inspecting Officers, who were hospital assistants and male nurses. Its main objective was to enable the public to report "natural" deaths at home, and to provide the bereaved families with the services of the Inspecting Officers. One of its other roles was also to exclude infectious diseases during the investigation of deaths which had occurred in residences.

In September 1972, the IDU became subsumed by the Quarantine and Epidemiology Department, Ministry of the Environment. In April 1986, the IDU, with a staff strength of five, was transferred to the Forensic Pathology Section, Department of Pathology, MOH. In 1990, the Forensic Pathology Section became the Department of Forensic Medicine, Institute of Science and Forensic Medicine, MOH, under the leadership of the late Prof Chao Tzee Cheng. With staff turnover, the posts were filled by nurses, and the appointment of new Inspecting Officers was formally authorised by the Registrar of Births and Deaths.

The Inspecting Officers of the IDU were authorised to investigate deaths which occurred at home and certify if the causes of death were "natural". When an apparent "natural" death requiring death certification was reported to the police, they would activate the Inspecting Officer by phone. The Inspecting Officer would then verify the deceased's medical history from hospitals or general practice clinics. Where the medical history was substantiated, the Inspecting Officer would proceed to the place where the deceased had been found, to inspect the body for any evidence of injury. In the absence of injuries, the Inspecting Officer would proceed to issue the CCOD. The entire process, from the time of activation to the time of arrival of the Inspecting Officer at the home, if the deceased's medical history was sufficient, was about 2 to 2 1/2 hours.

The IDU operated during normal office hours on Mondays to Fridays, and from 9 am to 12 noon on weekends and public holidays. Cases reported after operating hours were handled by the police as Coroner's cases.

In April 2001, when the Health Sciences Authority was established as a statutory board, the IDU was renamed the Forensic Death Investigations (FDI) Office. From 1986 to 2006, the number of cases referred to the FDI Office declined steadily year on year, falling from a peak of about 2,000 cases in 1970, to 233 in 2003. (There are about 17,000 deaths annually in Singapore.) After the outbreak of SARS in 2003, there was an even steeper decline in referrals, with only four cases referred in 2006.

Family physicians were signing up the “natural”

deaths, and hospices also had their own physicians to take care of their cases. Further recruitment of nurses to fill the posts due to staff turnover was not feasible, as they were in dire shortage and were needed to staff the hospitals. Therefore, by 2006, the FDI Office was no longer viable, and was finally closed on 31 December that year. **SMA**

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