Death

The first ever SMA Seminar: Death Certification was held on 24 March 2012 at the Raffles Town Club, organised under the umbrella of the SMA Centre for Medical Ethics and Professionalism (CMEP). Dr T Thirumoorthy, Director of CMEP, kickstarted the session by noting that CMEP is organising an increasing number of programmes, like this seminar for death certification, which develops skills that doctors "did not learn in medical school but need to survive in practice." These programmes serve as a form of risk management, as more doctors have gotten into trouble and also because doctors' work was increasingly being scrutinised by the public and the press.

Dr Thirumoorthy then went through the ethical and legal roles of a registered medical practitioner (RMP) – the doctor as healer, examiner, researcher and educator. When an RMP is certifying the death of a deceased person, he is acting in the role of a (forensic) examiner, collecting and collating information, and making an expert professional judgement as to the cause of death. This role and duty in certification has been given in trust by society and the law (Coroners Act). The RMP is expected at all times in this role to conduct himself in a professional demeanour, so as to uphold the best reputation and trust in the profession.

To maintain professional demeanour in medical encounters, Dr Thirumoorthy suggested that doctors invest in the beginning, as first impressions are the most lasting. For example, doctors should observe a professional dress code. Upon meeting the deceased's family, they should introduce themselves with good eye contact, find out the names of the family members present and express empathy. Thereafter, they should explain step by step what they will be doing, and seek consent and consensus before starting.

Dr Thirumoorthy also laid out the doctors' professional duties and accountability when certifying death. These included the legal duty of care expected, the scope of the duty in each

The main speaker, Dr Lai Siang Hui

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By Denise Yuen

medical encounter, the professional standard of care, and the competence in fulfilling the duty. A breach in professional duties could encompass various aspects like legal (negligence), professional (professional misconduct), or contractual (financial misconduct). (Please refer to page 18 of this issue for Dr Thirumoorthy's detailed guidelines on the role of a doctor as medical examiner.)

The main speaker for the seminar, Dr Lai Siang Hui, Consultant, Department of Pathology at Singapore General Hospital and CMEP Board member, then continued with the meat of the programme. Dr Lai began by introducing the Coroners Act 2010 to the audience. Passed in Parliament in 2010 and effected from 2 January 2011, the Act establishes the office of the State Coroner and defines its roles and responsibilities. The Act changed the previous fault-finding nature of a Coroner's Inquiry to a fact-finding one, and the verdicts have evolved from categorical to narrative ones (e.g., previously a death might be declared a "suicide", but now it might be "this person died because of injuries he sustained by falling from ten stories due to these reasons…"). According to the Act, evidence established in the Coroner's Court is not admissible at the High Court. It also facilitates investigations into medical treatment-related deaths.

Dr Lai then moved on to discuss the standards doctors should observe for issuing a Certificate of Cause of Death (CCOD). He cautioned that doctors should exercise due diligence when signing a CCOD, as they form the basis of national health statistics and healthcare budgeting. Issuing a CCOD, he said, is not different from a house call, as it involves the application of basic medical knowledge and skills, except that the patient is dead. The first step is history taking – gathering information on circumstances and events leading to death, and this is followed by a physical examination. Dr Lai noted that causes of death must be based on documented facts, e.g., medical history or discharge summaries, and must be "anatomical pathological", i.e., containing anatomical references and pathological processes.

He also explained the mode and manner of death. The mode of death is the way in which someone dies. Medically, this could be some form of organ failure, e.g., cardiovascular collapse, heart failure, liver failure, sepsis and so on. Therefore, any such conditions must be further qualified. Meanwhile, the manner of death is interpreted in the legal sense, e.g., natural or unnatural death (by circumstances). There may be some overlap with the medical interpretation of term, and it is ruled by the Coroner after inquiry.

Each group was then given case studies based on actual medical encounters for discussion, and the group discussions were facilitated by Dr Lai, Dr Thirumoorthy and other CMEP Board members. After the group discussion had concluded, the discussion was opened to the floor. A lively discussion ensued.

One issue discussed was that when a doctor agrees to attend to a house call, a contractual component of the relationship is formed. Dr Thirumoorthy stressed the importance of knowing how to negotiate this contractual relationship to avoid misunderstandings. He suggested that the doctor should clarify expectations by telling the family that he will make the housecall, and be upfront about his charges. He should also state that he will only issue the CCOD if he finds sufficient reasons to do so, and will not issue one if he does not, in which he will refer the case to the Coroner.

Some doctors also shared their risk management tips on making a housecall to certify a patient's death, like having a clinic assistant accompany them or asking a police officer to remain behind, to reduce the likelihood that they will be coerced to sign the CCOD.

The participants found the seminar useful and gained a greater awareness how to handle the situation when asked to issue a CCOD. SMA CMEP will be holding similar seminars in the near future. SMA

The audience listening intently

CMEP Board members, L to R: A/Prof Goh Lee Gan, Dr Devanand Anantham, Dr Lai Siang Hui, Dr T Thirumoorthy and Dr Gerald Chua