

GUIDELINES FOR MEDICAL PRACTITIONERS & DENTISTS

MEDICAL & DEATH CERTIFICATES

***SRI LANKA MEDICAL COUNCIL
NO.31, NORRIS CANAL ROAD,
COLOMBO 10.***

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Guidelines for Medical Practitioners and Dentists regarding the Issue of Medical Certificates

Doctors are legally entitled to issue Medical Certificates under Section 37 of the Medical Ordinance, and what is stated in it should be the Truth. Utmost care must be taken in writing Medical Certificates, as they are very often legal documents and may be challenged. When writing a Medical Certificate, the need to state the true health condition of the patient must be the primary concern. Therefore, the doctor is expected to state the truth, which may, at times be in conflict with other interests of the patient, which is of no concern to the doctor.

Medical Certificates are confidential documents and should be handed over to the patient personally or delivered to the relevant authority that requires it. In certain circumstances, a Medical Certificate may be required by a third party, and the doctor may issue it if it appears to be appropriate. Doctors are advised to keep a record or a copy of the certificate for future reference. It should be ensured that a Medical Certificate issued for one purpose will not be used for another, eg. a Medical Certificate for an illness recommending absence from work should not be produced in courts. This must be clearly stated in the certificate and told to the patient.

Medical Certificates are required for the following purposes:

1. Absence from place of work or school due to illness or injury
2. Certificates of Fitness – i. for employment, scholarship abroad, driving licence, etc. :- issued to the employer / scholarship awarding institution / licensing authority, Etc. ;

ii. to Courts – to be excused from attending courts due to illness or injury or, on the order of a Magistrate or judge regarding fitness to attend, when a person does not attend courts citing medical reasons;

iii. to be exempted from performing certain functions, such as sitting for an examination, engaging in work that requires much exertion, disability due to illness or injury preventing a person from attending to some aspects of his job requirements, etc.
3. Insurance purposes – (a) on the request of the Insurer, to assess the suitability of acceptance for insurance;

(b) to submit a claim to recover an insurance award.
4. Disability Certificate – for compensation, etc.
5. Provident fund – When medically condemned, or retirement on medical grounds
6. Certificates relating to medical cause of death of a person – eg. for insurance purpose – Accident/ Homicide/Natural (not paid if Suicide), Stomach contents – smelling of liquor in accidental death (Road Traffic Accident or otherwise)

7. Miscellaneous – certification of testamentary capacity – the true mental state of the person should be stated and the doctor should not be a beneficiary, either directly or indirectly.

A Medical Certificate for a person with an illness should be written by the doctor who is treating him/her. The doctor should correctly identify the patient, by checking the identity card if necessary. The doctor should assess the patient's condition and decide on the period of rest the patient requires in order to recover from the illness. The period should not depend on the patient's request.

The rules of the employer should be followed when issuing medical certificates. In Government Service, the period of leave granted should not exceed one month at a time, up to two months, and thereafter for two weeks at a time for a further one month, unless there are Circulars or instructions that have to be followed – eg. Maternity leave, recommendations of Medical Boards for patients with tuberculosis etc. If a person requires leave in excess of three months, a medical board has to be recommended. Leave exceeding two weeks granted to a public servant can only be recommended by a Government Medical Officer. Backdating leave should not exceed three days, except in the case of an 'indoor' patient, and the practitioner should be able to justify such leave considering the nature of the illness. In every instance the minimum period of leave required should be recommended.

The Medical Certificate should carry the full name of the patient, age, sex, address, the nature of the illness, whether fit for duty or not and the recommended leave. The doctor should sign the Medical Certificate and clearly write the Name, Qualifications registered in the SLMC, the SLMC Registration Number, Official Designation, the address and the date. It would be preferable to have a rubber stamp for the purpose.

Fitness Certificate to be produced in a Court of Law excusing a person from attending courts – The Practitioner should exercise utmost care in issuing such a certificate. The time and date of examination should be stated and the recommendation should not be backdated. A comprehensive record of the patient's condition and the practitioner's findings should be maintained and secured. The period the person is not fit to attend courts and the date on which the person is likely to recover and be fit to attend courts must be stated. The diagnosis or the nature of the illness should be stated. If it appears to the doctor that the patient has attempted to avoid attending courts by resorting to various ruses, and later requests a certificate, that fact has to be revealed to the courts. For example, a patient may request a form of treatment or a surgical procedure, which may not be urgent, without divulging the need to attend courts, and request a certificate seeking to excuse him from attending courts. It may turn out that the procedure resulted in the patient being unfit to attend courts.

Similarly, the doctor must ensure that the patient is not attempting to evade attending courts by submitting a medical certificate or trying to get undue advantage or sympathy. The doctor should never be a party, directly or indirectly to such an attempt.

The doctor must be well aware of his obligation to the patient as well as his responsibility to the court for administration of natural justice. The Court may request a Second Opinion about a medical certificate from another doctor. That Doctor must act on his own convictions and not be biased by the earlier certificate, whatever position such doctor holds.

Medical Certificates for Insurance purposes when a doctor issues a certificate or fills a form for a person who seeks to join an Insurance scheme, the doctor should divulge correct and accurate information, even if the person may not be benefited as a result.

Certificates for Insurance claims may be either for recovery of expenses in obtaining health care, or for insurance benefits to family members when the insured person dies. In the latter instance, the doctor should ensure that the certificate is handed over to the proper legal claimant. It should be borne in mind that such certificates may be challenged in courts and hence extra caution should be exercised in issuing such certificates. If the cause of death of the patient was aggravated by certain habits of the patient. (eg. alcohol consumption), such facts should be divulged even if it affects the claim made by the beneficiaries.

Guidelines regarding Certificates of Cause of Death

Under Section 31 of the Births & Deaths Registration Act (Cap 129) it is the responsibility of the attending doctor to state the cause of death, if known, when a patient he is treating dies of a natural cause. In the instance where an inquest has to be held, it is the responsibility of the doctor to inform the next of kin and the law enforcement authorities (usually the police). If the doctor decides to issue a "certificate of the medical cause of death", (not the death declaration form), he must take utmost care, because a postmortem examination may be conducted to establish the cause of death, which may differ from the cause of death given by the doctor.

To issue a certificate of the medical cause of death, the following criteria must be satisfied

- The cause of death is known
- The cause of death is natural
- The Doctor being the attending physician of the last illness of the deceased
- The Doctor has treated the deceased recently
- The Doctor has viewed the body

"The cause of death is a statement consisting of (a) Immediate – disease or conditions directly leading to death,

(b) Antecedent – morbid conditions if any giving rise to such disease or condition, stating the underlying condition last.

(c) Contributory – other significant conditions contributing to death but not related to the disease or conditions directly leading to it" (W.H.O. Technical Series Report No.5,1950)

The disease or conditions directly leading to death does not mean the mode of death eg. Heart failure, Asthenia, Coma, Shock etc. Cardio – Respiratory Failure must Never be give as an immediate cause of death.

"The death of a person occurs when an irreversible cessation of all functions of the brain of such person has occurred.

The irreversible cessation of the functions the brain may be determined by the prolonged absence of spontaneous circulatory and respiratory functions.

When the determination of the prolonged absence of spontaneous circulatory and resbiratory functions is made impossible by the use of artificial means of support, the irreversible cessation of brain functions shall be determined by any means recognized by the ordinary standards of current medical practice". (Transplantation of Human Tissues Act No. 48 Of 1987)

In Sri Lanka, like in most countries certificates of cause of death have a dual purpose. Firstly, they contribute to the legal record of the death; the cause of death may be significant in insurance and inheritance matters. Secondly, they are the source of mortality statistics, which have an important part to play in medical research and Health Planning, and are likely to become more valuable as methods of diagnosis and analysis improve.

Causes of death are classified and grouped according to the current revision of the International Classification of Diseases (ICD) in which regulations and recommendations relevant to the certification of causes of death and preparation of statistics have been published. (Reference: Manual of the International Statistical classification of Diseases, Injuries and Causes of Death).

The use of the International Form of Certificate of the Medical Cause of Death places upon the certifying medical practitioner the responsibility of indicating the course of events since he is the best person to decide which of several conditions was directly responsible for death occurring, and what antecedent conditions if any gave rise to the direct cause.

The doctor before issuing Certificate of the cause of Death, should ensure that he treated the patient for the last illness, which has led to the death of the patient.

The statutory Certificate of Cause of Death (Registration B 12) is annexed. However in the State Sector hospitals the accepted practice is to fill the Death Declaration Form (Registration B33), which includes the declaration to the Registrar of Deaths stating the Cause of Death, where the doctor is functioning in the capacity of the declarant. In the instance where an inquest into the death is required. this form should not be used, and the cause of death will be issued by the inquirer into Sudden Deaths or the Magistrate, who will be the declarant in the Inquirer's declaration of death form.

If a doctor is issuing a Certificate of Cause of Death, he/she should use the statutory form (Registration B 12) or Death Declaration Form (Registration B33) as the case may be. Issuing a Certificate of the medical cause of death should not be done on a piece of paper or even a letterhead.

Inquests of Death – Responsibilities of Medical Practitioners & Dentists

In terms of the Criminal Procedure Code (CPC) Act No. 15 of 1979 an inquest of death has to be conducted by an Inquirer into Sudden Deaths (ISD) or the Magistrate. on receiving information that a person has:

- (a) committed suicide: or
- (b) been Killed by an animal or by machinery or by machinery or by an accident: or
- (c) died Suddenly or from a cause which is not known: or
- (d) died while in the custody, of the police or in a mental or leprosy hospital or prison: or
- (e) come to his death by violence or accident: or
- (f) died under suspicious circumstances or any person is found dead without its being shown how such person came by his death: or
- (g) died due to rash or negligent act of another person: or
- (h) been killed by another person.

“ Every person aware of such death shall, in the absence of reasonable excuse, carry the burden of proof and, which shall lie upon the person so aware, forthwith shall give information to the nearest Magistrate’s Court or to the Officer in – charge of the nearest police station or to a peace officer or to the Grama Seva Niladhari of the nearest village, of such commission or intention or of such sudden, un – natural or violent death or death under suspicious circumstance or of the finding of such dead body”.
(Section 21 of CPC)

Therefore, any medical practitioner or dentist, in his/her professional capacity comes to be aware of such deaths shall comply with this requirement and take appropriate action to inform the police, enabling them to arrange an inquest.

Pathological (non-judicial) post-mortem examination should not be conducted in such deaths. It must be remembered that if the cause of death is not known or in sudden deaths, an inquest has to be held and therefore a pathological (non-judicial) post-mortem examination should not be conducted to find out the cause of death. Medical Practitioners should NOT issue a declaration form in respect of such deaths since it has to be done by the ISD or Magistrate after the inquest.

“TEN COMMANDMENTS” – FOR THE MEDICAL WITNESS

Lecture notes of Dr. Paul – Published in the Yale Journal of Biology (1977)

Thou shall

- I. Be always on time.
- II. Be neat and tidy in thy person.
- III. Stand upright, speak out, and look thine inquisitor in the eye.
- IV. Take ye not sides; be fair, and never let thy bias show
- V. Never go ye out of thy field. Guess not, but say ye instead ‘I know not’.
- VI. Have all thy notes with thee.
- VII. Speak not in thine medical or technical tongue, but speak thou in the tongue of the common people.
- VIII. Look not upon the judge, nor coroner, nor stipendiary nor lawyer as a fool. Beware for they are wise unto the skills of medicine for they have heard many before you.
- IX. Jest not thyself – but be ye always ready to laugh if his Lordship maketh a quip, however feeble that quip may be.
- X. Ask thou a fair fee-based upon thy skill, experience, qualification and true worth.

டியாபட்டி கிரேடு ஏ-கா } டி 33
 பதிவு செய்தல் } ஆ 33
 Registration No } B 33

மரசு புகாறு
இறப்பு பிரதிக்கினை

01 ★

DECLARATION OF DEATH

ප්‍රතිකාර කරන ලද වෛද්‍යවරයා විසින් සජීවීව උපත ලබා පසුව මියගිය නවපන්මයින් (ගැබි දැරීමේ කාලාන්තරය නොසළකා) ද ඇතුළත්ව සියලුම මරණ සඳහා මෙම පෝරමය පිරිස යුතුය.

சிகிச்சை அளிக்கும் வைத்தியரினால் உயிருடன் பிறந்ததன் பின்னர் இறந்த புதிய பிறப்பு (கற்பம் தரித்த காலத்தினை கருத்திற் கொள்ளுது) உள்ளடங்கலாக அனைத்து மரணத்திற்காகவும் இந்த படிவம் நிரப்பப்படல் வேண்டும்

This form should be filled by the attending medical officer for all deaths including neonates (irrespective of their period of gestation) who were born alive and later died.

කුමන හේතුවක් නිසා හෝ ගර්භනීය කාන්තාවකගේ හෝ දරු ප්‍රසූතියෙන් වාස 3 ක කාලයක් ඇතුළත කාන්තාවකගේ මරණයක් සිදු වූ විට මාතෘ මරණයක් ලෙස අනුමාන කෙරේ. එවන් අවස්ථාවකදී මෙම පෞරමය පිරවීමෙන් වලකින්න, හදිසි මරණ පරීක්ෂණයක් සහ පශ්චාත් මරණ පරීක්ෂණයක් ඉල්ලා සිටින්න.

எக்காரணத்தினாலும் அல்லது கரப்பிணி பெண்ணின் அல்லது பிள்ளைபேறின் பின் 3 மாத காலத்தினுள் பெண்ணின் மரணம்

நிகழாமையின் பிள்ளைப்பேறு மரணமாக அனுமதிக்கப்படும். அவ்வாறான சந்தர்ப்பத்தில் இந்த படிவத்தினை நிரப்புவதனை தவிர்க்கவும். திடீர் மரண விசாரணை மற்றும் பிதேத பரிசோதனையினை வேண்டவும்.

A death of a female (due to any cause) either during pregnancy or 3 months after the termination of pregnancy is considered as a probable maternal death. In such instances please request for an inquest and autopsy and do not fill this form.

විස්තර නොදන්නා විට අදාළ කොටුව කපා හරින්න, හිස් කොටු තැබීමෙන් වලකින්න.

விபரம் தெரியாவிடின் உரிய கூட்டினை வெட்டிவிடவும், வெற்றுக்கூடுகள் இருப்பதனை தவிர்க்கவும்

If any information is not known please cut off the cages and do not leave unattended cages

[illegible]

9. மரணத்தின் காரணம் Cause of death		மரணத்திற்கு முன்னர் அவரின் கால இடைவெளி Approximate interval between onset and death
அடிப்படை காரணம் / Immediate cause	Ia	
காணாமல் போன காரணம் / Antecedent causes or underlying causes	Ib. காரணமாக (அல்லது விளைவாகவும்) / Due to (or as a consequence of)	
	Ic. காரணமாக (அல்லது விளைவாகவும்) / Due to (or as a consequence of)	
	Id. காரணமாக (அல்லது விளைவாகவும்) / Due to (or as a consequence of)	
அதிகார காரணம் / Contributory causes	II.	
<p>ஒரே காரணம் காரணமாக இவரின் மரணம் நிகழியிருக்கிறது என்று உறுதிப்படுத்துகிறேன். / I do hereby declare the above to be a true and correct statement.</p>		
<p>..... வைத்தியரின் கையொப்பம் Signature of the Doctor</p> <p>..... பெயர், பதவி மற்றும் முத்திரை Name, designation and the official stamp</p> <p>..... தேதி Date</p>		

මරණ හේතු සහතිකය
CERTIFICATE OF CAUSE OF DEATH
 (31 වෙනි වගන්තිය)
 (Section 31)

උප්පැන්න සහ මරණ ලේකම් වෙතයි.

TO THE REGISTRAR OF BIRTHS AND DEATHS OF

..... පදිංචි

..... * මම

..... පදිංචි පෙනුමෙන් (නොහොත්
 ප්‍රකාශව ඇසුරු)..... වයස වන

..... දින
 සිට දක්වා ප්‍රතිකාර කළ බවද ඔහුගේ (හෝ ඇයගේ)
 මරණය නිසා සිදුවන්නට ඇති බවද සහතික කරමි.

I, * certify
 of
 that I attended on
 of who was
 apparently aged (or stated to be aged) from
 the day of (month) to
 the day of (month)
 and that his (or her) death was probably caused by

1 { (අ/ a) †
 නිසා (හෝ එහි ප්‍රතිඵලයක් වශයෙන්) due to (or as a consequence of)
 (ආ/ b) ‡
 නිසා (හෝ එහි ප්‍රතිඵලයක් වශයෙන්) due to (or as a consequence of)
 (ඇ/ c)

* මෙහිවෛද්‍ය සුදුසුකම් ලිවිය යුතුයි.

* State here the medical qualifications

+ රෝගය නොහොත් මරණයට කෙලින්ම යොමුවූ කරුණ (හෘදයේ අකරණීය දුර්වලකම් යනාදී වශයෙන් මියගිය පිළිවෙළ මෙයින් අදහස් නොවේ. එයින් අදහස්වන්නේ මරණයට හේතුවූ රෝගය, තුවාලය, හෝ ආබාධය යන මේවාය.)

මරණ හේතු පිළිබඳ ජාත්‍යන්තර ලැයිස්තුවෙහි අංකය බලා ඒ අනුව රෙජිස්ට්‍රාර් ජෙනරාල්තුමා විසින් නියමිත රෝගයක් නම් රෝග අංකය සඳහන් කළ හැකිය.

Disease or condition directly leading to death. (this does not mean the mode of dying. e.g. heart failure, asthenia &c. It means the disease, injury, or complication which caused death.)

The disease may be referred to in the case of a disease specified by the Registrar -General by reference to its number in the International List of the Cause of Death.

+ පූර්වග හේතු හා යම් රෝගී තත්ත්වයක් වී නම් ඒවාද සඳහන් කළ යුතු අතර අවසානයේ වූ තත්ත්වය අන්තිමට දැක්විය යුතුය.

+ Antecedent causes. Morbid conditions, if any, giving rise to the above cause stating the underlying condition list.

2 { රෝගය හෝ එම කත්තුවය,
ඇතිකළ හේතු නොව මරණය
ඇතිකළ අනිත් වැදගත් කරුණු
Other significant conditions
contributing to the death, but
not related to the disease or
conditions causing it. }

වෛද්‍යවරයා
Medical Practitioner

දිනය } _____
Date }

