SRI LANKA MEDICAL COUNCIL

Medical and Death Certificates

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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:

• Absence from place of work or school due to illness or injury

• 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 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.

• 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.
• Disability Certificate – for compensation, etc.

• Provident Fund – When medically condemned, or retirement on medical grounds

• 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)

• 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 inducted 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 e.g., heart failure, asthenia, coma, shock etc. Cardio-Respiratory Failure must never be given 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 respiratory 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 for 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 the 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 B 33), 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 B 33) 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:

- committed suicide; or
- been killed by an animal or by machinery or by an accident; or
- died suddenly or from a cause which is not known; or
- died while in the custody.. of the police or in a mental or leprosy hospital or prison; or
- come to his death by violence or accident; or
- died under suspicious circumstances or any person is found dead without its being shown how such person came by his death; or
- died due to rash or negligent act of another person; or
- 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.
“THE TEN COMMANDMENTS” FOR THE MEDICAL WITNESS  
- Lecture notes of Dr Paul – Published in the Yale Journal of Biology (1977)

You shall

1. Be always on time.
2. Be neat and tidy in thy person.
3. Stand upright, speak out, and look thine inquisitor in the eye.
4. Take ye not sides; be fair, and never let thy bias show
5. Never go ye out of thy field. Guess not, but say ye instead ‘I know not’.
6. Have all thy notes with thee.
7. Speak not in thine medical or technical tongue, but speak thou in the tongue of the common people.
8. 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.
9. Jest not thyself- but be ye always ready to laugh if his Lordship maketh a quip, however feeble that quip may be.
10. Ask thou a fair fee-based upon thy skill, experience, qualification and true worth