



**TO ALL SMS MEMBERS / CHIEF DIRECTORATES / DIRECTORATES / REGIONAL / DISTRICT OFFICES,  
SUB-STRUCTURES / ALL FACILITY MANAGERS / HIGHER EDUCATION INSTITUTIONS / PRIVATE SECTOR**

**CIRCULAR H144 OF 2020: ISSUING OF DEATH NOTIFICATIONS FORMS IN NATURAL DEATHS**

This circular represents an approach to the death notification form (DNF) of a **patient who died of natural causes** at home or any other institution or place other than a medical care centre. These institutions might include but are not limited to nursing homes, retirement homes, correctional facilities (Department of Correctional Services) and military camps. These guidelines also apply to **the homeless and/or destitute who may die of natural causes on the street.**

**THE MAIN OBJECTIVES ARE:**

- Provide clarity on terminology.
- To address the legal matters pertaining to death notifications.
- To provide guidelines to all healthcare practitioners (HCP), namely doctors and nurses.
- Guide healthcare practitioners on forensic autopsies versus clinical/hospital/non-forensic autopsies.
- To provide guidelines for natural deaths in correctional services.

**TERMINOLOGY:**

The following terminology should not be confused:

- **Death declaration:** a statement issued by a trained, qualified and HPCSA registered medical practitioner or EMS practitioner (AEA or higher) stating that a person has passed away.
- **Death notification form (DNF):** the DHA-1663, which is a legal document in which the Department of Home Affairs is notified of the death of the deceased. StatsSA is notified of the cause of death for country mortality statistics.
- **Death certificate:** the official document (DHA-5/DHA-20) as issued by the Department of Home Affairs.
- **HCP:** in the context of this circular, an HCP refers to a medical practitioner (doctor). A professional nurse can complete the DNF in cases of stillbirths.

## LEGAL REFERENCES AND GUIDELINES:

### 1. **Section 15 of the Births and Deaths Registration Act 51 of 1992** ([Annexure A](#))

The practical implication of this is **that any medical practitioner** can issue a death notification (DNF/DHA-1663) **on any person** as long as he/she has ensured the following:

- a. That the person has indeed died; and
- b. That there is no reason to suspect death due to unnatural causes.

### 2. **For this, the medical practitioner will require:**

- To view the naked body of the deceased to confirm the death, and to do an external examination on the body (front and back) to exclude trauma.
- The examination and death notification should be done as soon as possible after death has been declared (within 72-hours).
- Records should be kept of
  - The undertaker business and representative requesting the DNF.
  - The DNF serial number must be kept for record purposes either in the folder of the deceased and/or in a register kept for this purpose.

### 3. Once the above objectives have been achieved, the medical practitioner may issue a DNF stating that the cause of death was due to natural causes. (See [Annexure B](#) for steps to follow)

### 4. **Who can do this:**

- According to the Births and Deaths Registration Act, **any medical practitioner** may issue a death notification once he/she has fulfilled the above requirements. There is no legal obligation for this practitioner to be the deceased's regular healthcare provider.

### 5. **Responsibility:**

- It is the ethical and professional responsibility of the Government to issue the required forms for the interment, including the death notification of any Government patient or decedent without a known private medical practitioner.
- Thus, **any medical practitioner employed by the Government becomes the authorised custodian of this responsibility.**
- Forensic Pathology Service (FPS) is not an autopsy service.
- FPS is not a death management service for ALL deaths.
- FPS only manages unnatural deaths.

- Not all deaths that occur at home or on the streets are sudden or unexpected. Many persons might have a medical history but has not attended a medical practitioner or healthcare facility on a regular basis. Many patients with a medical history are not compliant with taking or collecting their medication. A morbidly obese person who has not seen a doctor has an increased risk of diabetes mellitus, hypertension, hypercholesterolaemia; therefore, death if not treated. Some people present with symptoms prior to their death that indicates a natural disease process but do not want to go to the doctor or healthcare facility. These are all risk factors for a natural death to occur. Any medical practitioner should have the knowledge to diagnose these conditions with a reasonable amount of certainty.
- It is advised to rather contact the forensic medical practitioner/consultant at the local FPS mortuary where deaths are considered to be sudden or unexpected. Sudden death in hospital is suspicious and might indicate an act of omission or commission. If such a death is truly sudden and unexpected communication to FPS is mandatory to provide a comprehensive investigation.
- Any medical practitioner, not only a forensic medical practitioner, may issue a DNF for natural deaths in terms of the Birth and Deaths Registration Act.
- The Birth and Deaths Registration Act makes provision for medical practitioners who have not attended to a person before their death to complete a death notification form.
- If you, as the medical practitioner, are not comfortable completing DNF contact your local FPS mortuary for guidance. If the death is natural and you are still uncomfortable, ask another colleague to assist.

6. **The time frame between the last visit and issuing of death notification:**

- Please take note that there is no legislation, rule or regulation preventing a medical practitioner from issuing a death notification based on the duration between last visit and death.
- According to the Births and Deaths Registration Act, any medical practitioner may issue a death notification, even if he/she has never treated the patient before.

7. **Cause of death:**

- **Natural deaths** are all deaths related to illness, diseases or old age.
- **Unnatural deaths** can be grouped as follows:
  - a. Deaths due to injuries (physical, electrical, thermal) and the consequences thereof. By law, there is no time limit on the consequences. Therefore, if the person dies anytime (open time limit) due to complications directly related to the primary injury, it must be investigated.

- b. Procedure-related deaths.
  - c. Deaths related to chemicals, drugs or poisons.
  - d. Sudden, unexpected, and unexplained deaths that require an investigation: *Sudden deaths are any death which is rapid (without prodrome), unexpected and/or unforeseen, that occurs in apparently healthy people, or in ill patients during a benign phase of their disease. Or unexpected death following so rapidly from the onset of symptoms that the cause of death could not be certified with confidence by a medical practitioner familiar with the patient.*
  - e. Any death where there is a suspicion of omission or commission by any other person.
- If the medical practitioner is satisfied that the death is due to natural causes, he/she then may proceed to issue the death notification indicating it as such.
  - Natural deaths should be indicated on page 2 of 3 under point B 22.1 of the DNF (see [Annexure C](#)).
  - The cause of death should be stated on the very last confidential page ([Annexure C](#)). Avoid as far as possible writing natural causes in section 77 (part 1, a). The medical practitioner should take into consideration the medical history, risk factors, interview with relevant people (EMS personnel, family, friends) and the examination of the body to establish a cause of death determination.
  - Post-mortem imaging can be done if it is allowed at the healthcare facility where the deceased is examined to assist with cause of death determination.
  - Post-mortem sampling of blood, urine, or cerebrospinal fluid can also be done by the medical practitioner to aid in confirmation of clinical suspicions and cause of death determination.
  - An educated diagnosis to the best knowledge and belief of the medical practitioner can be written down.
  - Words like 'consistent with', 'likely', 'probable' or 'possible' should be given. There is no need to document the exact cause of death
  - The medical practitioner should use their clinical skills to ascertain a most probable diagnosis as they would if the patient would have survived.
  - If after a thorough history and examination was done, and the medical practitioner is of the opinion that the death is solely and exclusively due to natural causes but is not confident of the underlying condition, natural causes can be given. Alternatively:
    - (a) Unascertained (or undetermined)
    - (b) Natural causes

- Avoid writing mechanism of death like cardiac or respiratory arrest as a cause of death.
- The co-morbidities of the patient can be listed as underlying causes in section 77, part 2.
- If the medical practitioner is uncertain about what to write on the DNF, he/she can contact their local FPS mortuary and discuss with the forensic medical practitioner / consultant on duty.

If the death is related to **unnatural causes**, the case needs a forensic medico-legal investigation. It needs to be referred to FPS via the South African Police Service (SAPS). (See [Annexure D](#) for an extract from the National Health Act)

### **FORENSIC AUTOPSIES (FOR UNNATURAL DEATHS):**

#### **Steps to follow:**

1. Do not issue a DNF.
2. Call the SAPS to the scene of death and/or report the case to the relevant police station, thus opening a 'case'.
3. The medical practitioner should issue a statement as to why an unnatural death is suspected, or if the patient survived or was resuscitated in hospital after an unnatural event, an FPS100 referral statement should be drafted.
4. The hospital folder/notes or copies thereof should accompany the patient if the deceased were hospitalised.
5. A referral letter similar to a clinical referral letter can also be written detailing a full history (main complaint, medical, surgical, and social) and reason for suspecting an unnatural death.
6. By law, a body cannot be removed by FPS from a healthcare facility without a death declaration, the SAPS case number, SAPS180, the FPS100 and the medical notes.
7. The medical practitioner should contact their local FPS mortuary for advice if they are unsure if a case should be referred for a forensic autopsy. The medical practitioner should speak to the forensic medical practitioner/consultant on call for an opinion adhering to appropriate communication etiquette.

### **CLINICAL / HOSPITAL / NON-FORENSIC AUTOPSIES (FOR NATURAL DEATHS):**

1. If an exact cause of death is required by the medical practitioner and/or family, a clinical/hospital/non-forensic autopsy can be performed by either a private pathologist at any designated private institution or the body can be referred to NHLS for such an autopsy. There will be financial implications to the family or referring hospital and consent of the family would be required.

2. Please take note that the management of natural deaths is not included in the scope of practice of FPS.
  - a. FPS, therefore, do not perform autopsies to determine the exact and full nature of the natural disease, nor the extent of the disease or to determine whether therapeutic measures have been successful.
  - b. An autopsy will not be performed by FPS to satisfy the clinician's need to capture the exact cause of death on the confidential last page of the DNF.
  - c. It is not the mandate of FPS to investigate the natural deaths of patients dying in institutions, for example, Correctional Services.
3. If a medical practitioner should be approached by an undertaker to assist in the issuing of a natural death notification, and the medical practitioner is unwilling/unable to assist in the issuing of such notification, the form as presented in [Annexure E](#) must be completed. The form must accompany the body for medico-legal scrutiny by the forensic medical practitioner/consultant and the SAPS member. They will decide if the opening of a SAPS and FPS case is warranted. The refusal of a natural death notification by a clinician does not necessarily and immediately qualify for a forensic investigation. The body might still be returned to the clinical practice for completion of the natural death notification.

#### **DEATH IN CORRECTIONAL SERVICES INSTITUTIONS:**

- The above is also applicable to deaths in correctional institutions.
- The undertaker can remove the body of a person who dies of a natural cause in a correctional facility, and the appointed medical practitioner can issue a natural death notification.
- It is only once the death falls in the unnatural category that SAPS and FPS need to be informed for a forensic medico-legal death investigation.

#### **GUIDELINE FOR MEDICAL CERTIFICATION OF DEATHS DUE TO COVID-19**

The South African WHO-FIC Collaborating Centre; hosted by the SAMRC Burden of Disease Research Unit published a guideline on 20 May 2020, for the medical certification of deaths due to COVID-19 (see [Annexure F](#)).



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**HEAD OF DEPARTMENT: HEALTH**

**DATE: 8 JULY 2020**

**Certificate by medical practitioner**

**15.** (1) Where a medical practitioner is satisfied that the death of any person who was attended before his death by the medical practitioner was due to natural causes, he shall issue a prescribed certificate stating the cause of death.

(2) A medical practitioner who did not attend any person before his death but after the death of the person examined the corpse and is satisfied that the death was due to natural causes, may issue a prescribed certificate to that effect.

(3) If a medical practitioner is of the opinion that the death was due to other than natural causes, he shall not issue a certificate mentioned in subsection (1) or (2) and shall inform a police officer as to his opinion in that regard.

Steps to follow by the medical practitioner when approached by an undertaker with the request for a natural death notification form:

It is the responsibility of the undertaker to provide the medical practitioner at the very least with:

- # The body of the deceased;
- # The declaration of death (as issued by EMS); and
- # The SAPS180 or any other statement issued by SAPS (A1 statement or SAPS Annexure A) indicating that no reason exists to suspect an unnatural death.

The medical practitioner may request a personal interview or affidavit from the family if the history available in the hospital file, declaration of death, SAPS180 and/or SAPS sudden death statement, is deemed insufficient.

The medical practitioner is required by law to view/examine the body of the decedent in order to confirm the identity of the deceased and it must be facilitated by the undertaker. This provides the medical practitioner an opportunity to assure themselves that there is no sign of trauma.

Once the medical practitioner is satisfied, a DNF (DHA-1663) can be completed.



**B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to Natural Causes
- 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to Natural Causes



DO NOT COMPLETE 22.2 WHEN YOU EXPECT AN UNNATURAL CAUSE OF DEATH.

DO NOT COMPLETE A DNF (DHA-1663) FOR UNNATURAL DEATHS

**G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH**

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

**77. CAUSES OF DEATH**

**Part 1** Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line

Approximate interval between onset and death (Days / Months / Years)

**IMMEDIATE CAUSE** (final disease or condition resulting in death)

a) Consistent with myocardial infarction  
Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause.

b) \_\_\_\_\_  
Due to (or as a consequence of)

Enter **UNDERLYING CAUSE** last (Disease or injury that initiated events resulting in death)

c) \_\_\_\_\_  
Due to (or as a consequence of)

d) \_\_\_\_\_

**Part 2** Other significant conditions contributing to death but not resulting in underlying cause given in Part 1

Hypertension, Diabetes Mellitus, Obesity

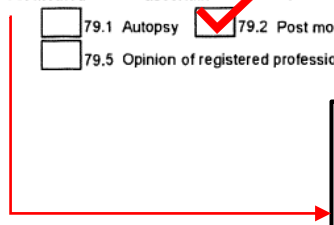
For office use only

ICD-10


78. If a female, was she pregnant at the time of death or up to 42 days prior to death? (  )  82.1 Yes  82.2 No

79. Method used to ascertain the cause of death (tick all that apply):

- 79.1 Autopsy  79.2 Post mortem examination  79.3 Opinion of attending medical practitioner  79.4 Opinion of attending medical practitioner on duty
- 79.5 Opinion of registered professional nurse  79.6 Interview of family member  79.7 Other (specify) Medical records



Section 79: An autopsy is for an internal examination. Post-mortem examination is for the external examination of a body.

Tick as many as applicable.

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**DEPARTMENT OF HEALTH**

NO. R. 359

23 MARCH 2018

**NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)****REGULATIONS REGARDING THE RENDERING OF FORENSIC PATHOLOGY SERVICE****Unnatural Deaths in Health Establishments**

6. (1) A person in charge of a health establishment, where a person has been declared dead and the cause of death appears to be due to unnatural causes must:

- (a) immediately notify the South African Police Service and the Service of such death;
- (b) preserve, provide access to and or make available of all the relevant medical paraphernalia, exhibits and applicable specimens, especially biological fluid specimens in the case of suspected toxicology cases;
- (c) ensure access to and availability of all the deceased's full medical records including laboratory and investigative reports;
- (d) not hand over the body or items referred to in paragraphs (b) and (c) to an undertaker.

(2) The medical records and or relevant completed clinical Forms must accompany the deceased to the designated facility.

**Offences**

21. (1) Any person who fails to comply with any of the provisions of these Regulations is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.

(2). Any person that interferes with an authorised person in the execution of his or her duties is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.

This form is to be completed by undertakers and healthcare providers unwilling to assist with the completion of a natural death notification form as requested by the undertaker.

Undertaker company name:

Name of representative: .....

Name of deceased: .....

Identity number of the deceased: .....

Date of death: .....

Clinic or hospital folder number: .....

Institution visited: .....

Date of visit: .....

Name of doctor consulted: .....

MP number of doctor consulted: .....

Doctor contact number: .....

Reason for doctor not completing the death notification form:

Doctor's signature: .....

## South African Guideline for Medical Certification of COVID-19 related deaths

### Background

- The WHO has recently provided [international guidelines on the medical certification of cause of death due to COVID-19](#).<sup>1</sup> This indicates that COVID-19 should be recorded on the medical certificate of cause of death for ALL decedents where COVID-19 caused, or is assumed to have caused, or contributed to death.
- Until testing for SARS-CoV-2 is more accessible, mortality due to COVID-19 is the only population-based measure of the epidemic. For this reason, it is imperative that clinicians in South Africa are aware of their obligation under law<sup>2</sup> to report accurate causes of death on the South African death notification form. This means that clinicians are bound by law to report COVID-19 as a cause of death in cases where this has been confirmed, as well as in cases where, in their opinion this is the most probable cause of death, even if a test result is not available to confirm this.

### Definition of a death due to COVID-19 (Based on WHO ICD-10)

- A death due to COVID-19 is defined for surveillance purposes as a death resulting from an illness which is compatible with COVID-19 (based on laboratory confirmation OR on clinical features only).
- The underlying cause of death of a person who has been diagnosed as suffering from COVID-19 (either on the basis of laboratory confirmation or on clinical grounds only) should be stated as COVID-19 (in Part 1 of the medical certificate of cause of death) unless a clear alternative or unrelated supervening medical cause of death (such as trauma or poisoning) is apparent.
- The death of a person in whom COVID-19 has been diagnosed (clinically or by laboratory confirmation) but who suffers from advanced pre-existing disease (such as severe cardiovascular disease or malignancy) should be carefully considered and clinical discretion used to determine the underlying cause of death. If the pre-existing condition / disease is then still considered to be the underlying cause of death, but COVID-19 may have played a significant role in the demise of the patient, both COVID-19 and the pre-existing condition should be clearly stated in the causal sequence leading to death (in Part 1 of the medical certificate)<sup>3</sup>. Where pre-existing conditions are controlled and/or in the background, report these in Part 2 of the medical certificate of cause of death and COVID-19 in Part 1 as the underlying cause of death.
- COVID-19 should not be stated on the death certificate if there is a clear alternative cause of death, in which COVID-19 played no causal or contributory role (such as trauma or poisoning). COVID-19 should also not be stated as cause of death if there has been a period of complete recovery from the disease.

### Case definition for COVID-19

Confirmed case:

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<sup>1</sup> WHO, 2020. International guidelines for certification and classification of COVID-19 as a cause of death.

<sup>2</sup> Births and deaths Registration Act 51 of 1992.

<sup>3</sup> This contradicts current WHO recommendations and reflects the difficulties of selecting a single underlying cause of death. However, this allows clinicians to use their discretion in cases with advanced pre-existing disease where COVID-19 plays more of a role as an immediate cause of death rather than underlying cause.

A person with laboratory confirmation of SARS-CoV-2 infection (PCR), irrespective of clinical signs and symptoms.

#### Probable case or Covid PUI:

- Persons with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath, anosmia or dysgeusia with or without fever (history or measured) and a clinical course compatible with COVID-19, with or without the presence of co-morbid conditions.
  - Pneumonia with bilateral patchy ground glass opacities on chest X-ray

**AND/OR**

- Acute respiratory distress syndrome (ARDS)

**AND**

- pending or inconclusive PCR result.

#### Suspected case

- Persons at high risk for COVID-19 who die outside a health facility or in ER with a history of acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever.

**AND**

- Recent history of
  - Close contact with COVID-19 case
- **OR**
  - Visit to health facility
- **OR**
  - Cluster outbreak (eg. residential institution, care home, workplace etc)

#### Issued by:

South African WHO-FIC Collaborating Centre

Hosted by the SAMRC Burden of Disease Research Unit

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