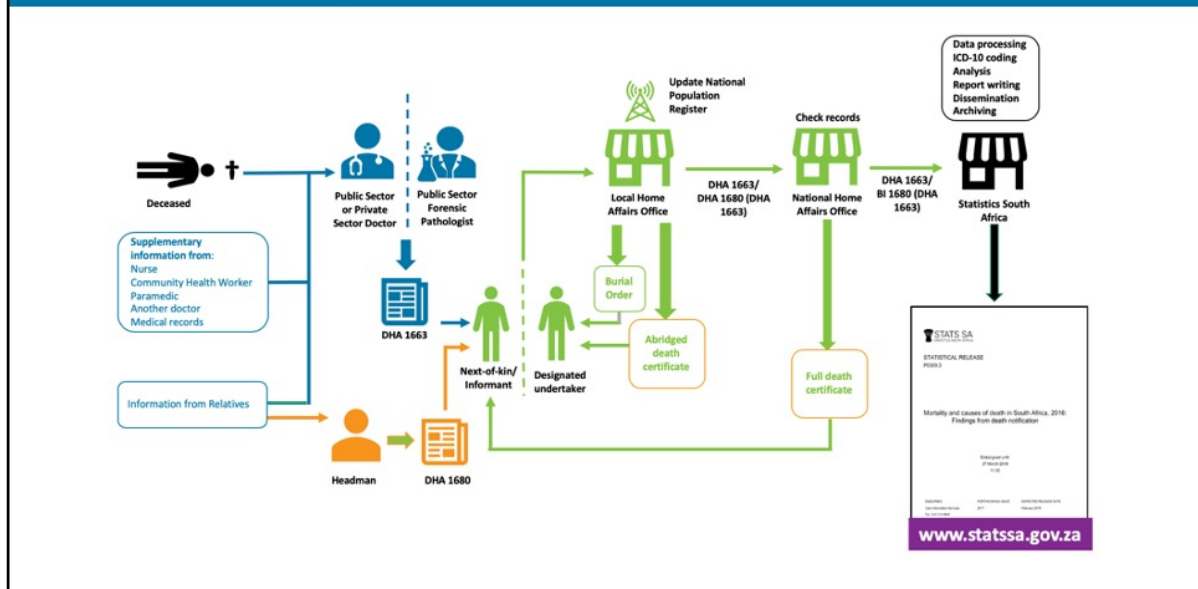


Improving Cause of Death Reporting

Module 2

Welcome to Module 2 of Improving Cause of Death Reporting.

Competencies at end of this module



Now that you know all the role players involved in the process of recording the cause of death and how the information is used, it is easy to see the importance of completing a certificate properly. This next module takes an in-depth look at how to complete the Death Notification Form. At the end of this module you should be able...

Competencies at end of this module

Describe

- The concept and definitions of underlying cause of death
- Sequence of events leading to death

Explain

- International Form of Medical Certificate of Cause of Death

Complete

- South African death certificate accurately
- Sequence of events from the starting point
- Relevant contributing causes

to describe the concept and definitions of the underlying cause of death and the sequence of events leading to death,
to explain the International Form of the Medical Certificate of Cause of Death,
and to complete a South African death certificate accurately, explaining the sequence of events from the starting point and also mentioning the relevant contributing causes.

Death Notification Form

STAATSKOERANT, 26 FEBRUARIE 2014 No. 37373 5

GOVERNMENT NOTICE

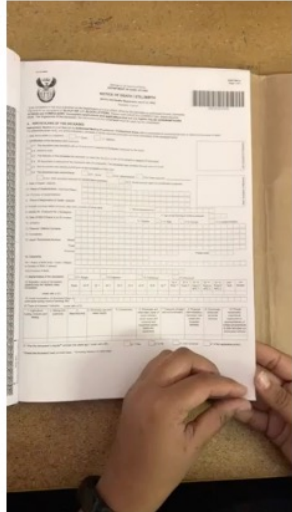
DEPARTMENT OF HOME AFFAIRS

No. R. 128 26 February 2014

BIRTHS AND DEATHS REGISTRATION ACT, 1992

REGULATIONS ON THE REGISTRATION OF BIRTHS AND DEATHS, 2014

The Minister of Home Affairs has, in terms of section 32 of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), made the Regulations in the Schedule.



NARRATIVE: 4A

The Births and Deaths Registration Act of 1992 requires that a medical doctor - or a registered nurse in the case of a stillbirth - complete a Death Notification Form for all decedents in South Africa. Form DHA-1663 is issued in books of 20 death notification forms. The form consists of 4 pages.

Death Notification Form

S.A. 988

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
NOTICE OF DEATH / STILLBIRTH
(Births and Deaths Registration Act 93 of 1992)
Regulation 11 and 12

DHA-162 A
Page 1 of 2

1663F632561

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorized funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please tick with a **CORRECT** box, where required. **All fields are COMPULSORY.** Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant or the undertaker must be taken by the undertaker.)

A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by Authorized Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The informant must verify, and where necessary, complete to full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

2. Identification of the deceased (tick one box)

2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

2.2 Stillborn child

2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

2.4 ID document or passport of the deceased was not presented. The deceased was identified through view of mouth

2.5 The deceased was already buried prior to the completion of this form

2.6 The deceased was unrecognizable 2.6.1 Burnt 2.6.2 Decomposed 2.6.3 Other (specify): _____

2.6.4 DNA samples retained for identification purposes 2.6.5 Dental records taken for identification purposes

3. Date of Death: stillbirth _____

4.1 Place of Death: stillbirth (City/Town/Village) _____

4.2 Province of Death: stillbirth _____

5. Place of Registration of Death: stillbirth _____

6. If death occurred within 24 hours after birth, number of hours alive _____

7. Home telephone no. _____

8. Date of Birth (Please use 24 hourages) _____

9. Age at last birthday: 1 DOB is unknown

10. Sex of Birth (Please tick in no. 10 number)

10.1 Male 10.2 Female 10.3 Indeterminate

11. Gender _____

12. Surname _____

13. Previous / Maiden Surname _____

14. Forenames _____

15. Usual Residential Address: Street _____
Town _____
Province _____
Postal code _____

16. Citizenship _____

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad _____

16.2 Province of Birth _____

17. Marital Status of the deceased

17.1 Single 17.2 Married 17.3 Widowed 17.4 Divorced

18. Education level of deceased. Specify only the highest class completed.

None	Gr K	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Gr 13	Gr 14	Gr 15	Gr 16	Gr 17	Gr 18	Gr 19	Gr 20	Gr 21	Gr 22	Gr 23	Gr 24	Gr 25	Gr 26	Gr 27	Gr 28	Gr 29	Gr 30	Gr 31	Gr 32	Gr 33	Gr 34	Gr 35	Gr 36	Gr 37	Gr 38	Gr 39	Gr 40	Gr 41	Gr 42	Gr 43	Gr 44	Gr 45	Gr 46	Gr 47	Gr 48	Gr 49	Gr 50	Gr 51	Gr 52	Gr 53	Gr 54	Gr 55	Gr 56	Gr 57	Gr 58	Gr 59	Gr 60	Gr 61	Gr 62	Gr 63	Gr 64	Gr 65	Gr 66	Gr 67	Gr 68	Gr 69	Gr 70	Gr 71	Gr 72	Gr 73	Gr 74	Gr 75	Gr 76	Gr 77	Gr 78	Gr 79	Gr 80	Gr 81	Gr 82	Gr 83	Gr 84	Gr 85	Gr 86	Gr 87	Gr 88	Gr 89	Gr 90	Gr 91	Gr 92	Gr 93	Gr 94	Gr 95	Gr 96	Gr 97	Gr 98	Gr 99	Gr 100
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19. Usual occupation of deceased (type in work done during most of working life) _____

20. Type of business / industry (mark with a tick)

1. Agriculture, horticulture, forestry, fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade, repair of motor vehicles, motor cycles and motor cycles and electrical and electronic goods, repair and maintenance	7. Transport, storage and communication	8. Wholesale and retail trade, repair of motor vehicles, motor cycles and motor cycles and electrical and electronic goods, repair and maintenance	9. Information and communication	10. Finance and insurance	11. Real estate and business services	12. Community, social and personal services	13. Health and social work	14. Education	15. Arts and recreation	16. Other activities not adequately defined
---	-------------------------	------------------	--------------------------------------	-----------------	--	---	--	----------------------------------	---------------------------	---------------------------------------	---	----------------------------	---------------	-------------------------	---

21. Was the deceased a regular* smoker five years ago? (mark with a tick)

21.1 Yes 21.2 No 21.3 Do not know 21.4 Not applicable (infant)

*Where the deceased had on most days. **Smoking tobacco on most days.

Page 1 contains information on how the decedent was identified by the certifying doctor. This is to prevent life insurance fraud. It also contains details of the decedent, such as name, surname, date of birth, date of death, ID number, sex and residential address. Other socio-demographic variables - such as level of education, occupation and smoking status – are also entered.

Death Notification Form

GP-6 (2008)

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
NOTICE OF DEATH / STILLBIRTH
(Birth and Deaths Registration Act 51 of 1992)
Practitioner's use only

1663F632561

2048-1983 A
Page 2 of 3

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorized funeral undertaker. The form to be completed in **BLACK INK with BLOCK LETTERS**. Please mark with "X" the CORRECT box, where required. **All fields are COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE
Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

29.1 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

29.2 I, the undersigned, agree in a position to verify that the deceased died exclusively due to Natural Causes

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. _____

24. Surname _____

25. Forenames _____

26. Name of Health Facility / Practice _____ 27. Facility / Practice No. _____

28. Business Address: Street _____ Postal Code _____
Town _____ Province _____ Office stamp of health facility or practice _____

Telephone No. (Office): _____

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 29 and in cases that in which there is still a possibility of an offence and an conviction leads to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Please signed _____ Date signed _____ Signature _____

C. CERTIFICATE BY MEDICAL PRACTITIONER / FORENSIC PATHOLOGIST
Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29.3 I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted in the facility of the person whose particulars are given in Section A and that the body is no longer required for the purposes of the inquest Act, 1959 and the Necropsy Act 1951 and that the death is:

30.1 Natural 30.2 Unnatural 30.3 Under Investigation

31. Date of Post-mortem _____

32. Name of Medicolegal Laboratory _____ 33. Mortuary No. _____

34. Medicolegal Reference Number of Deceased _____

35. SA75-Case No. _____ 36. Name of Police Station _____

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

37. Surname _____

38. Forenames _____

39. Business Address: Street _____ Postal Code _____
Town _____ Province _____ Office stamp of mortuary _____

Telephone No. (Office): _____

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 29 and in cases that in which there is still a possibility of an offence and an conviction leads to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Please signed _____ Date signed _____ Signature _____

D. PARTICULARS OF INFORMANT
Instructions: Section D to be completed by informant authorized to complete for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) _____ 41. Date of Birth _____

42. Citizenship _____

43. Surname _____

44. Forenames _____

45. Residential Address: Street _____ Postal Code _____
Town _____ Province _____

Telephone No. (Home) _____ 46. If Deceased is my: 46.1 Spouse 46.2 Spouse 46.3 Child 46.4 Other, Specify _____

I, the undersigned, hereby certify that the deceased named in sections A to the best of my knowledge and belief has died and I am not aware of any offence and an conviction leads to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Please signed _____ Date signed _____ Signature _____

Page 2 requires information on the certifying medical practitioner or forensic pathologist, including the HPCSA registration number. On this page the doctor needs to state whether they are in a position to confirm that the person died due to natural causes. If you are not able to state this with certainty the form should NOT be completed and the case should be referred to the Forensic Pathology Services.

Death Notification Form

NOTICE OF DEATH / STILLBIRTH
DNR-1024 (Rev. 01/2014)

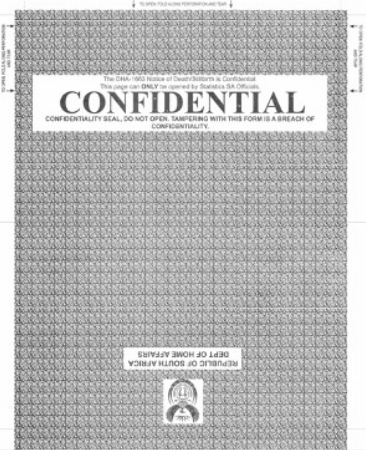
This page must be sealed after completion to ensure confidentiality.

SECTION 1: MEDICAL CERTIFICATE OF CAUSE OF DEATH

SECTION 2: MANNER OF DEATH

SECTION 3: PLACE OF DEATH

SECTION 4: SIGNATURES



The last page is the medical certificate of cause of death. This section is confidential and should be sealed by the doctor after completing the form.

Underlying Cause of Death

Public health aim is to prevent (premature) deaths

Need to break the chain of events or causal sequence leading to death

Most effective public health objective is to prevent the precipitating cause

Underlying cause of death

“The disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.” World Health Organization, 1994

The aim of public health is to prevent premature deaths.

In order to do this, it is necessary to break the chain of events leading to death.

The most effective public health objective is to prevent the precipitating or underlying cause of death.

The Underlying Cause of Death is defined by the World Health Organization as “the disease or injury which initiated the chain of morbid events leading directly to death or the circumstances of the accident or violence which produced the fatal injury.”

Death often caused by multiple conditions

Death is often caused by multiple conditions, e.g.

sequential stages in natural history of one disease
complications arising from one of the immediate conditions
or different diseases existing simultaneously at the time of death

Not always easy to identify underlying cause

However, death is often caused by multiple conditions such ...
.. as sequential stages in the natural history of one disease, ...
complications arising from one of the immediate conditions ...
... or different diseases existing simultaneously at the time of death.
Thus it is not always easy to identify the underlying cause.

Death often caused by multiple conditions

Recommendation

Review individuals' history to identify condition that started the sequence of events leading to death, without which the death would not have occurred at same time or in the same manner

Chronic medical conditions are often appropriate underlying causes

Use terms such as "possible", "probable", or "suspected" to indicate that the diagnosis is not confirmed

So, we recommend that the certifier review the decedents medical history to identify the condition that started the sequence of events leading to death, without which the death would not have occurred at the same time or same manner.

Chronic medical conditions - such as Alzheimer's, dementia, diabetes mellitus and stroke due to hypertension - are often appropriate underlying causes. Your knowledge may be limited to the extent of the patient's medical work up, and so it may be appropriate to use terms like "possible", "probable" or "suspected" to indicate that the diagnosis is not confirmed.

International Medical Certificate of Cause of Death Form

Facilitate identification of underlying cause of death, especially where multiple conditions are present.

Part 1: Chain of events or causal sequence leading directly to death			
Frame A: Medical data: Part 1 and 2			
1 Report disease or condition directly leading to death on line a Report chain of events in due to order (if applicable) State the underlying cause on the lowest used line		Cause of death	Time interval from onset to death
	a	Immediate cause	
	b	Due to: Antecedent cause	
	c	Due to: Antecedent cause	
	d	Due to: Underlying cause on lowest completed line	
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)		Part 2: Co-existing conditions which contributed to death, but do not fit into causal sequence in Part 1.	

The International medical certificate of cause of death was designed to facilitate the identification of the underlying cause of death when multiple conditions exist at time of death. For this reason it is divided into 2 parts.

Part 1 is designed to capture the chain of events or causal sequence leading directly to death and makes provision for up to four conditions - lines (a) to (d).

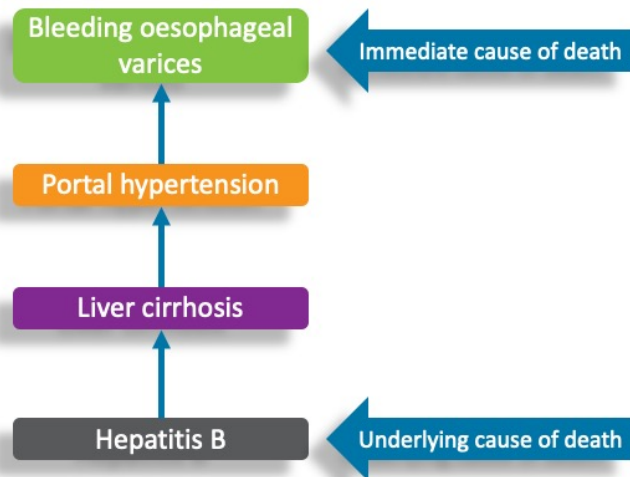
The immediate cause of death or condition leading directly to death is captured on the top line followed in chronological/pathophysiological sequence by any antecedent cause on the line below the immediate cause. The underlying causes of death – that is the condition that initiated the sequence of events leading to death - should be captured on the lowest completed line.

Part 2 is designed to capture any co-existing conditions at the time of death, which contributed to the death, but do not fit into the causal sequence in Part 1.

Conditions reported in Part 1 and Part 2 should NOT include symptoms, signs and modes of dying.

Sequence of events leading to death (causal sequence)

A 50-year-old woman was admitted to the hospital vomiting blood and was diagnosed as having bleeding oesophageal varices. Investigation revealed portal hypertension. The woman had a history of Hepatitis B infection (15 years ago). Three days later, she died.



Let us look at an example to explain the causal sequence – or chain – of events leading to death.

A 50-year-old woman was admitted to the hospital vomiting blood and was diagnosed as having bleeding oesophageal varices. Investigation revealed portal hypertension. The woman had a history of Hepatitis B infection. Three days later, she died.

- In this case Hepatitis B was the underlying cause of death.
- The liver cirrhosis developed as a consequence of the Hepatitis B
- And the portal hypertension developed due to the liver cirrhosis
- The immediate cause of death was the bleeding oesophageal varices, which was a consequence of the portal hypertension.

Hepatitis B was the underlying cause of death. Knowing this, the public health response is to implement immunisation programmes against Hepatitis B virus to prevent such deaths in future.

Form DHA-1663: Cause of Death section

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 Causal sequence

Time interval

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
IMMED	Immediate cause a) Bleeding oesophageal varices condition resulting in death Due to (or as a consequence of)
Sequel	Antecedent cause b) Portal hypertension leading to immediate cause. Due to (or as a consequence of)
Enter U	Antecedent cause c) Liver cirrhosis (Disease or injury that initiated Due to (or as a consequence of)
events	Underlying cause d) Hepatitis B

Approximate interval between onset and death (Days / Months / Years)
3 days
Unknown
Unknown
15 years

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

Let's use this case study to complete the cause of death section on the DHA-1663 form. As mentioned earlier the cause of death section consists of two parts: Part 1, with lines (a) to (d), which includes the causal sequence that directly caused the death, and Part 2, which contains any other significant conditions contributing to death, but are not part of causal sequence.

The causal sequence leading to death is entered in Part 1 ...
...with the immediate cause of death entered in line (a). This line must always be filled in.

If the direct cause of death was a consequence of another disease or condition, this antecedent cause should be entered in Part 1 line (b).

If more than one line is completed, each condition must be a cause of the condition above it. There must be a pathophysiological causal sequence. The initiating cause in the sequence is the underlying cause of death and should be reported on the lowest used line in Part 1. Always use consecutive lines, starting at Part 1 line a). Never leave blank lines between filled in lines. If there is only one cause of death, it is entered at Part 1 line (a) and the subsequent lines are left blank. Enter only one disease, condition, event, or injury per line.

Other significant conditions or risk factors that contributed to the death, but do not fit into the causal sequence, are entered in Part 2. More than one condition can be

entered on this line, but should be listed in order of importance. Signs and symptoms and or modes of dying should not be reported in either Part 1 or Part 2. The time interval between the onset of the condition and death is entered on the right of Part 1 and Part 2 to ensure that the causal sequence is in the correct order. If the time interval is unknown, write "unknown". The duration of the underlying cause should be the longest. If more than 1 condition is entered in Part 2, insert the duration in brackets after each condition.

Terminology to avoid: Ill-defined conditions

Symptoms and signs

- For example: cough, chest pain

Mode/mechanism of dying

- For example: dehydration, hypoxia
- Report condition that caused dehydration or hypoxia

Before we look at some examples, you should note that terms describing ill-defined conditions - that could be caused by many different conditions - should be avoided in both Part 1 and Part 2.

- These include symptoms such as cough or chest pain.
- The mode or mechanism of dying, such as dehydration or hypoxia, should not be reported. Report the condition that caused the dehydration or hypoxia.

Terminology to avoid: Ill-defined conditions

Organ failure

- Not acceptable as underlying cause of death
 - For example: heart, renal, liver failure
- Enter disease that caused the organ failure
 - For example: heart failure - caused by rheumatic or ischaemic heart disease

Organ failure is not acceptable as the underlying cause of death.

Organ failure - such a heart, renal or liver failure - can be caused by many different conditions that may have different prevention interventions,

If possible, enter the disease that caused the organ failure. Heart failure, for example, could be caused by numerous conditions, such as rheumatic heart disease - which would require antibiotic treatment of streptococcal infections - or ischaemic heart disease - which would require lifestyle interventions and treatment to manage hypertension.

Terminology to avoid: Ill-defined conditions

Septicaemia

- Do not report as underlying cause of death if source of infection can be identified
- If source of infection cannot be identified report underlying cause as “septicaemia unknown source”

Unknown natural cause of death

- Is acceptable where insufficient information

Septicemia should also not be reported as the underlying cause of death if the source of infection can be identified.

If the source of infection cannot be identified, report underlying cause as “septicaemia unknown source”

It is acceptable to report “unknown natural cause of death”, where there is insufficient information to ascertain the cause of death.

This is obviously only where an unnatural cause of death has been excluded.

Terminology to avoid: Abbreviations

Unacceptable abbreviations

- MI: mitral incompetence or myocardial infarction
- MS: mitral stenosis or multiple sclerosis
- DM II
- HONK

Acceptable abbreviations

- TB, PTB
- HIV
- AIDS

Avoid using abbreviations on the death certificate. MI could mean mitral incompetence or myocardial infarction and one cannot expect the coders at Stats SA to know which one you meant or even to know what the abbreviations mean.

TB, PTB, HIV and AIDS are acceptable abbreviations, as most people know what they mean.

You have now come to the end of Module 2



The next step is your self-assessment for Module 2.

Note:

- This is only a self-assessment and not part of the final assessment at the end of the course.
- The final assessment is a summative assessment which covers all the modules and in order to successfully complete the course, you must obtain a mark of 80%.

Once you have completed the self-assessment, you may proceed to the next module

You have now come to the end of Module 2

The next step is your self-assessment for Module 2.

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