

Details for specific causes

Alcohol and tobacco use

If, in your opinion, the chronic use of alcohol, tobacco or other substance by the decedent caused the death, report it in Part 1, if they contributed to death report them in Part 2. Note that acute alcohol poisoning is an unnatural cause: refer to forensic pathology.

Cardiovascular disease

- Avoid ill-defined terms, e.g. cardiorespiratory failure, heart disease.
- Try to include the following information in cardiovascular cases:
 - Mention the disease process, e.g. atherosclerosis, vasculitis, thrombo-embolism.
 - Site, if localised, e.g. cerebral, cardiac.
 - Acute or chronic, where relevant.
 - Any complications, e.g. myocardial infarction, pericardial tamponade, myocardial rupture, cerebral infarction.
 - Date of onset.

Neoplasms

- Whether benign, malignant or unknown behaviour.
- The primary site if known.
- If the primary site is unknown, indicate "Primary Unknown".
- The morphological type if known.
- Site(s) of metastases if known.
- Avoid non-specific terminology such as "carcinomatosis", "carcinosis", "growth", "malignancy", etc.

Diabetes

Specify if diabetes mellitus, insulin dependent, non-insulin dependent or other. Include date of onset.

Infectious diseases

- Include additional information about the aetiology.
- Include additional information on the causative organism.

Old age, senility

Include a clear and aetiological sequence for cause of death. Terms like senescence, senility and old age, do not represent aetiology.

Pneumonia and Bronchopneumonia

- State the cause of any antecedent condition that led to the pneumonia.
- Identify the causative organism.
- Indicate if the condition is primarily hypostatic or due to aspiration of blood, food, meconium, etc.
- If the pneumonia has been caused by debility or inactivity, state the condition leading to the inactivity or debility.

DHA-1663 Checks

- Is the handwriting legible?
- Are there any abbreviations?
- Does it show the causal sequence that led to death in Part 1?
 - Causal sequence must be in correct order (pathophysiologically and chronologically)
 - Immediate cause (not mode/mechanism of dying) on top line in Part 1
 - Intermediate causes, if present, below immediate cause
 - Underlying cause on lowest line of Part 1 and the earliest in chain of events leading to death
- The underlying cause (on lowest line) must be a potentially fatal disease.
- Does it show the duration of each cause where appropriate?
- Are the contributing causes (never the underlying cause) shown in Part 2 where appropriate?

When must a case be referred to Forensic Pathology?

Any case that falls within one of these categories must at least be discussed with a forensic pathologist (according to the Inquests Act No. 58 of 1959):

- External influences acted on the body, be it physical or chemical. This includes stab wounds, gunshot wounds, road traffic incidents, falls, poisoning, lightning injuries, dog bites, anaphylactic reactions, and overdoses.
- Death during or as a result of a medical procedure (as required by the Health Professions Act 56 of 1974, Sections 48).
- Sudden and unexpected deaths, including cot deaths.
- An act of omission or co-omission where a doctor, relative or others could have prevented a death, but failed to act appropriately (i.e. negligence).

Resources

1. Statistics South Africa 2012. Cause of death certification. A guide for completing the Notice of death / Stillbirth DHA-1663. <http://www.statssa.gov.za>; <http://www.doh.gov.za>; <http://www.dha.gov.za>; <http://www.mrc.ac.za/bod/reports.htm>
2. WHO ICD-10 online training <http://apps.who.int/classifications/apps/icd/icd10training/>
3. The New York City Department of Health and Mental Hygiene <http://www.nyc.gov/html/doh/media/video/icdr/index.html>



To be completed in full and submitted at the Department of Home Affairs' office completed in black ink with BLOCK LETTERS. Please mark with the CORF. Incomplete applications and applications that are not legible may be considered invalid and the undertaker must be taken by the undertaker.

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who attended the deceased. If the deceased died in a hospital, the Medical Practitioner / Professional Nurse who attended the deceased must be the one to complete this section.

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.

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

24. Surname

25. Forenames

26. Name of Health Facility / Practice

28. Business Address: Street

Town

Province

GETTING RIGHT THE FACTS OF DEATH

A GUIDE FOR COMPLETING THE NOTICE OF DEATH / STILLBIRTH (DHA-1663)

Reliable cause of death information provides accurate statistics for better health



health
home affairs



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Why is the DEATH NOTIFICATION FORM important?

- The NOTICE OF DEATH / STILLBIRTH (DHA -1663) provides legal evidence of death.
- It enables the patient's family to register the death and make arrangements for the disposal of the body.
- Accurate cause of death information from death notifications is used to compile statistics to evaluate and improve the health of the population. It is a useful tool to plan social and health interventions.

Who completes the DHA-1663?

- Only a medical practitioner or appointed health professional, a Forensic Medical Officer, or Forensic Pathologist may complete sections B/C and G.
- The certifying doctor is also responsible for inspecting the correct completion of section A even when this section is completed by another person.

What happens if a person dies outside of a health facility?

- If there are obvious signs of foul play, the case must be referred to Forensic Pathology.
- In other cases, try to get a history from the Emergency Medical Technician (ambulance attendant), relatives or friends of the deceased.
- Check the hospital file for chronic or terminal diseases.
- Do a complete external examination of the unclothed body.
- Ask senior colleagues for advice.
- Make notes in the folder regarding your findings.
- Consult Forensic Pathology Service if still uncertain.
- Complete the DHA-1663 if all evidence suggests a natural cause of death.

Terminology to avoid

Ill-defined / non-specific conditions such as:

- Old age
- Headache
- "Natural causes"
- Cardiorespiratory arrest/ respiratory failure

Mechanisms of death such as:

- Heart failure
- Kidney failure
- Dehydration
- Hypoxia
- Sepsis

Abbreviations such as:

- DM II
- MI
- MS
- HONK

Completing Section G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

The underlying cause of death is reported in the lowest completed line. That is the disease or injury that initiated the train of morbid events that led directly to death.

The immediate cause of death is reported in line a. This is the final disease or complication that caused death.

Indicate the time interval between the onset of the disease and death.

It's important that conditions listed in Part 1 follow on each other pathophysiologically and chronologically.

If female, indicate pregnancy status in past 42 days.

82.1 Yes 82.2 No

95. 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.

IMMEDIATE CAUSE (final disease or condition resulting in death)

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

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

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

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 ☐

Completing Section G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

The condition in the foetus or infant that had the biggest influence in causing death. This is not necessarily the underlying cause of death.

95. CAUSES OF DEATH

a. Main disease or conditions in foetus or infant

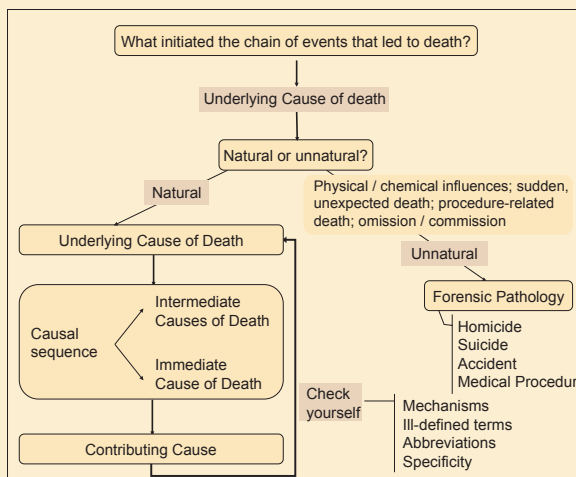
b. Other diseases or conditions in foetus or infant

c. Main maternal disease or condition affecting foetus or infant

d. Other maternal diseases or conditions affecting foetus or infant

e. Other relevant circumstances

The main maternal condition that had an adverse effect on the foetus or infant.



Pregnancy

- The pregnancy status in the 42 days prior to all female deaths must be noted.
- Maternal causes of death should be specified in Part 1, and if identified as a cause or a contributing cause then listed in Part 2.

Section G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (Perinatal Deaths)

- This section must be completed for all stillbirths and early neonatal deaths that occurred within one week of birth.
- This section may also be completed by a professional nurse.
- Avoid "prematurity", "asphyxia" and "hypoxia" as the main cause of death. Rather explain how these mechanisms occurred.

HIV

- If HIV is the underlying cause of death, it must be specified on the lowest line of Part 1.
- The immediate and intermediate causes must also be specified on the lines above HIV.
- "Suspected HIV" may be included on the notification.

Smoking

Smoking status of the deceased should be noted as "Yes" if started more than 5 years ago and continued smoking tobacco on most days.