

The Practice of Death Certification by Grama Niladhari and the Birth and Death Registration Act: A Review with Reforms


Appuhamy P*

Office of the Judicial Medical Officer, District General Hospital, Matale, Sri Lanka

Abstract

It is a legal requirement to enter a death in the death register in Sri Lanka. When a person dies under different circumstances there are different institutions and processes involved in getting a death certificate for the disposal of a dead body in Sri Lanka. The key authority can vary from a medical practitioner who has treated the deceased during the last illness to inquire into the sudden death, magistrate, Grama Niladhari (GN) police officer, or estate superintendent. In 1954 when the birth and death registration act was enacted with the available infrastructure at that time the system of death certification by GN was probably the best way for the people of this country. The system of death certification by GN and the Birth and Death Registration Act in our country have many inherent weaknesses. While improvements that require legislative amendments and formulation of policy decisions may take a considerable time period for implementation, there are other short-term solutions which could be adopted to achieve a significant level of accuracy and efficiency from the existing system. It is recommended that the present system of releasing dead bodies by GN should be modified to suit our country's specific requirements within the capacity of its limited resources than introducing a totally alien system. In conclusion, it can be said that the need to bring reforms to the present system of death registration in Sri Lanka, that had remained static since its introduction, is a matter of great importance.

Keywords: Grama Niladhari, death certification, disposal of death, Birth and Death Registration Act of Sri Lanka

Received: 02 Dec 2022, **Revised version accepted:** 26 Dec 2022, **Published:** 31 Dec 2022. ***Corresponding Author:** Appuhamy P, ✉ Email: prasannaappuhamy@yahoo.com  <https://orcid.org/0000-0003-4926-8414>

Cite this article as: Appuhamy P. The Practice of Death Certification by Grama Niladhari and the Birth and Death Registration Act: A Review with Reforms. *Medico-Legal Journal of Sri Lanka*, 2022;10(2):22-26. DOI: <http://dx.doi.org/10.4038/mlj.v10i2.7464>

Copyright: © 2019 with the Medico-legal Journal of Sri Lanka.



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium provided the original author and source are credited.

Introduction

When a person dies, it is a legal requirement to enter the death in the death register. To enter a person's name in the death register, the identity and the cause of death of the person have to be known. This requires a proper investigation of the death. Sri Lanka inherited the 'coroner system' of investigating a death in the early nineteenth century. [1] When a person dies depending on the circumstances, there are different institutions, authorities, and processes involved in getting a death certificate for disposal of the dead body in Sri Lanka. The key authority can vary from a Medical Practitioner (MP) who has treated the deceased during the last illness, inquire into the sudden death (ISD), magistrate, Grama Niladhari (GN), police officer (PO), and estate superintendent (ES). Out of those authorities, death certification by GN is a quicker process compared to others. In 1954 when the Birth and Death Registration Act was enacted with the available infrastructure at that time, the system of death certification by GN was a user friendly service as GN are distributed all over the country and the GN

is a resident of the area of the deceased and knows about the deceased as well as the next of kin. [2]

However, the system of death certification by GN in our country has many inherent weaknesses. The observations made in this article show that it lacks the gravity, uniformity, and versatility expected from the vital practice of death certification. This affects adversely not only the criminal justice administration but also the advancement of medical science, public health, and the rights of the general public and next of kin in civil litigations and insurance claims. While improvements that require in the form of legislative amendments and formulation of policy decisions may take a considerable time period for implementation, there are other short-term solutions which could be adopted to achieve a significant level of accuracy and efficiency from the existing system. This paper reviews the problems in the current practice of GN death certification and the Birth and Death Registration Act of Sri Lanka with a view of reforming them.

Discussion

Controversies of legality between GN and other authorized persons

The procedure of registering a death by GN is described in chapter 41 of the Birth and Death Registration Act of Sri Lanka.[2] It states that “No person shall bury, cremate or otherwise dispose of, or cause to be buried, cremated or otherwise disposed of, the corpse of a person dying within any area unless, there has been obtained a certificate, substantially in the “form 0” set out in the Schedule, from a GN or PO resident in the division of the appropriate registrar stating that information of such death, including its cause, was given to such registrar or to such GN or PO not less than three hours before the granting of such certificate in form “O” set out in the schedule stating the cause of death.

But according to the Criminal Procedure Act, no 15 of 1979 all unnatural deaths which include accidents, suicides, homicides, and sudden unexpected death of which the cause of death is not known, have to undergo an inquest. [3] In chapter 41 of the Birth and Death Act, the word “death” should be modified as “natural death”.

Issues of documents used

A Secretary to the ministry of public administration and home affairs has issued a circular in 2006 giving advice to GN not to examine all dead bodies personally. [5] To establish the identity of the deceased external examination plays a significant role. The purpose of the examination after death is, first, to avoid the burial of those who merely appear to be dead, and, next, to prevent the concealment of violent death and medical bungling. [6] This circular is also contrary Criminal Procedure Code of the country. Also mentioned in the circular the body has to be examined when the information provided by the next of kin is contradictory. During an investigation into a death forensic pathologist obtains a history from the next of kin of the deceased and the eyewitness of the deceased. In some occasions, the history given by the next of kin can be misleading especially if they have an interest in the concealment of violent death. This circular can give rise to many issues in the administration of justice in the country.

Therefore, the recommended stranded of practice should be, when a person who is treated for a diagnosed natural disease, dies without any suspicious circumstances, the GN of the area is informed by the next of kin of the deceased. The GN goes to the home where the death occurred, after an investigation, fills the B 24 form, writes the cause of death, and hands it over to the next of kin of the deceased. This form needs to be taken by the next of

kin of the deceased to the registrar of birth and death of the area to obtain the necessary clearance for the disposal of the death.

But the current practice in Sri Lanka, a GN without medical training assigns a cause to these home deaths based on brief questions asked from the family members of the deceased.

The guideline issued by the Sri Lanka Medical Council for doctors on giving the medical cause of death states, “to give a medical cause of death by an MP (medical practitioner) the cause of death should be known, it should be a natural disease, the deceased should be under the care of the MP, the deceased should have got treatment from the MP for the fatal illness that causes the death, the body of the deceased should be viewed by the MP to exclude traumatic causes for the death”.[7]

The SLMC guideline issued for doctors, also emphasizes the importance of viewing the dead body before giving a medical cause of death for doctors.

Also, the inquest law of Sri Lanka states “every ISD has to proceed to the place where the body of a deceased person is and to hold an inquiry and draw up a report of the apparent cause of death. [3] The ISD is required to describe wounds, fractures, bruises and other marks of injury found on the body and such marks, objects, and circumstances as in his opinion may relate to the cause of death and state in what manner such marks appear to have been inflicted.

The inquest law of Sri Lanka also emphasizes the importance of viewing the dead body as wounds, fractures, bruises and other mark of injury cannot be described without examining the dead body.

There is a lack of uniformity in the procedures followed by GN in releasing dead bodies, this can be largely remedied by the publication of a handbook of rules and guidelines based on statutory regulations.

In the form “O” the name of the last medical practitioner and the cause of death had to be included in the initial Birth and Death Registration Act of Sri Lanka which was originally formulated. [2] But the latest form B 24 lack the name of the last medical practitioner. If the GN can do the death certification in collaboration with the medical officer of health of the area, some of the issues can be rectified as there is a need for considerable medical knowledge for this process.

World Health Organization has promulgated a desirable doctor–population ratio as 1:1,000. [8] In

Sri Lanka, there are 24605 MPs in 2019 which is more than the desired level. The birth and death act was first established in 1954 in Sri Lanka. By the year 1980, there were only 2056 MPs in the whole country. But now there are adequate numbers of MPs in the government sector in Sri Lanka in the rural areas too. At least as stated in the birth and death registration Act, guidelines should be implemented so that GN in consultation with the medical officer of health of the area views the body, confirm the death, and arrives at a better cause of death for a home death.

In the Birth and Death Registration Act chapter 31 describes a natural death under the care of an MP, death declaration form is filled out and handed over to the next of kin of the deceased for registration of death with the birth and death registrar of the region. The chapter 31 is as follows.[2] In the event of the death of any person who has been attended during his last illness by a medical practitioner, a certificate in duplicate, substantially in the form a set out in the schedule, stating to the best of his knowledge and belief the cause of the death shall be forthwith issued without fee or reward by such practitioner to the person required under this act to give information, and such person shall, at the time he gives to the appropriate registrar information concerning the death as required by this Act, deliver such certificate to him. On receipt of the certificate, the registrar shall enter in the register the cause of death as stated in the certificate, together with the name of the medical practitioner who issued the certificate.

In the Birth and Death Registration Act the cause of death has to be stated to the best of the MP knowledge but to the circular issued by SLMC cause of death must be known. This illustrates the necessity for reforms in the Birth and Death Act too.

In this Birth and Death Act registration of Sri Lanka, provision is also granted to the ES in chapter 34. [2] In that, in a death, the death registrar need not be informed. But the next of kin of the deceased have to inform the ES of the death. After verifying the information within 48 hours of receiving the information has to inform the nearest medical officer who will send a report to the nearest death register.

When the birth and death act registration was initially enacted around 1954 the large estates lack proper transport, health care facilities, etc. The estate areas had less MP as there was low population density. But in the current context of better transport and health system, it is high time to revisit the huge responsibility given to a private sector estate superintendent in the Birth and Death Registration Act of Sri Lanka which is around 40 years old.

Infrastructure facilities of GN

GN should be provided with at least the basic essential equipment such as computers and printers to have their reports word processed which would be a solution to the problem of illegible handwriting. This would make the issuing of copies to parties easier and more efficient. It would also facilitate maintaining a computerized database of cause of death reports.

Medical Knowledge and Training of GN

In the civil registration the emphasis is on the registration of a death for vital statistic. The certificate of cause of death is a source of mortality statistics, which has an important part to play in medical research and health planning. In Sri Lanka, almost half of all deaths occur outside hospitals. [4] In these deaths, medically relevant data such as cause of death with questionable diagnostic accuracy are sent to the Department of Census and Statistics thus limiting their information content. GN lacks medical knowledge on how to write a cause of death and about the medical disease that could cause a death. Moreover, GN is unable to interpret medical findings in the diagnosis card or the clinic record of the deceased given from the hospital. Therefore, the GN is not in a position to write the possible cause of death of the deceased in form B 24 accurately.

In a death, if the cause of death is not known an inquest is required. On many occasions author has noted in B24 forms, the cause of death is written as “not known”. This is contrary to the Criminal Procedure Code of the country.

The current format to be filled by GN is not comprehensive. Inclusion of more details such as; the immediate cause of death, underlying causes leading to the immediate cause, and other significant conditions contributing to death need to be added which would help to reach more accurate conclusions.

The GN lacks knowledge and training about the possible injuries of the body that prompts the GN to refer the death to the ISD. There are instances where the author had done autopsies after dead bodies were released to the next of kin by GN with injuries. The autopsies revealed a traumatic cause of death. This can lead to problems in the administration of the justice system of the country.

GNs also do not have knowledge or training on how to certifying death. The only person to certify a death is an MP which is hardly being used in the GN practice of death certification. [10] It is observed that the lack of proper education and training of GN

contributes to a majority of shortcomings in this system.

Conclusion and recommendations

It can be recommended that the training of GN should be upgraded. Also, it is advisable to issue a guideline to GN on home deaths. It is also recommended for publication of a handbook of rules and guidelines on death based on statutory regulations.

In conclusion, it can be said that the need to bring reforms to the present system of registration of death in Sri Lanka, that had remained static since its introduction, is a matter of great importance.

Acknowledgment

I would like to acknowledge Dr. R Samaranyake for his assistance in preparing the manuscript.

Disclosure statement

Conflicts of Interest: The authors declare that they have no conflicts of interest.

Funding: None

Reference

1. R Fernando, A study of the investigation of death (coroner system) in Sri Lanka, *Med Sci Law*. 2003 Jul;43(3):236-40.
2. Birth and death registration Act Chapter 129. Revised edition 1980. (Retrieved on 12.07.2022) Available at <https://www.lawnet.gov.lk/births-and-deaths-registration-amendment-2/>
3. Criminal procedure Act no 15 of 1979. (Retrieved on 12.07.2022) Available at <https://www.lawnet.gov.lk/code-of-criminal-procedure-amendment-18/>
4. Mikkelsen et al., Improving the Policy Utility of Cause of Death Statistics in Sri Lanka: An Empirical Investigation of Causes of Out-of-Hospital Deaths Using Automated Verbal Autopsy Methods, *Front. Public Health*, 2021 May 26;9:591237
5. Role of the Grama Niladharies in relation to the reporting of deaths (retrieved on 07.07.2022) Available at http://www.health.gov.lk/moh_final/english/public/elfinder/files/Downloade/Batch879.pdf
6. Burkhard M, Markus R, The Post-Mortem External Examination Determination of the Cause and Manner of Death, *Dtsch Arztebl Int*. 2010 Aug; 107(33): 575-588
7. Guidelines for medical practitioners and dentists, medical and death certificate, Sri Lanka Medical Council, May 2004. (Retrieved on 12.07.2022) Available at https://slmc.gov.lk/images/PDF_Main_Site/Medical%20and%20death%20certificates2021-12.pdf
8. The World Health Organization (WHO) has promulgated a desirable doctor-population ratio 9 (retrieved on 07.07.2022) Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population))
9. Human Development Report 2019 | UNDP in Sri Lanka <http://www.hdr.undp.org/en/countries/profiles/LKA> (retrieved on 07.07.2022)
10. Certifying the death, Human Tissue and Transplantation Act of Sri Lanka. <https://www.lawnet.gov.lk/transplantation-of-human-tissues-3/> (retrieved on 07.07.2022)